

CERTIFICATE REQUEST

Date: _____

CERTIFICATE HOLDER:

Holders Name: _____

Attn: _____

Address: _____

Tel: _____

Fax: _____

Certificate holder to be named as additional insured: Yes _____ or No _____

Location of the event, cookie sale, or Trip

Description of Operations

INSUREDS INFORMATION:

Contact Person: _____

Fax: _____