

# Request for Certificate of Insurance 2009-2010 SFMS Program

(Type or Print)

Name of requesting club/society: \_\_\_\_\_

Name of club contact person: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

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Entity or Facility to receive proof of insurance. "MUST HAVE" to issue a certificate.

Name: \_\_\_\_\_

Name of contact person: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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Type of event: \_\_\_\_\_

Name of event: \_\_\_\_\_

Dates (include setup & tear down): \_\_\_\_\_

Location of Event: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

A certificate of insurance will be sent to the named certificate holder and a copy will be sent to the requesting club/society for their records.

Please return this form to:  
Paula Griffin, SFMS Assistant Treasurer  
1320 Byrd Circle  
Kingston, TN 37763

Date Received: \_\_\_\_\_ Sent to Company; \_\_\_\_\_ Certificate Received: \_\_\_\_\_