



**Gallagher**

Insurance | Risk Management | Consulting

## Certificate Request Form

**Please Complete the following and forward to our office. A certificate will be issued within 24 hours.**

Name of Insured and/or Member Club: \_\_\_\_\_

Address of Insured and/or Member Club: \_\_\_\_\_

Certificate Holder: \_\_\_\_\_

Name and Address of Company/Organization (who is requesting Certificate of Insurance from Insured: i.e Municipalities, Government departments, sponsors, owners of facilities. Not an insured member)

\_\_\_\_\_

Description of Operations/Event:

\_\_\_\_\_

Location of Operations: \_\_\_\_\_

Date of Event (if applicable): \_\_\_\_\_

Date Certificate Requested: \_\_\_\_\_

Certificate to be forwarded to:

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_ Mailing address: \_\_\_\_\_

\_\_\_\_\_

Name and Address of Additional Insured's (if any) – i.e Municipalities, Government departments, sponsors, owners of facilities:

\_\_\_\_\_