INSURANCE CERTIFICATE REQUEST FORM

Please complete a separate form for each certificate requested.

INFORMATION ABOUT YOU Insured Name: Chapter Name if applicable: State: Zip: Phone: ______ Fax: _____ Email: Person Completing this Form (Please print):_____ Date of Request: Signature: **INFORMATION ABOUT REQUIRED CERTIFICATE(S)** ☐ Landlord ☐ Leased Equipment Lease/Contract No.: _____ Estimated Value of Equipment: _____ □ Special Event Name of Event: Date of Event: Location of Event (List street address if available): Type of Event (Run, Bike, Dinner, meeting, etc.):_____ Describe your Participation in Event: Projected number of participants: ______Number of volunteers working on event: Will alcohol be available Yes No If yes, who will provide/sell: Please be advised: Events that involve certain categories of risks (eg., sporting events, golf tournaments, events including children, alcoholic beverages, number of participants, etc.) may be charged an additional premium. ☐ Other: _____



INFORMATION ABOUT CERTIFICATE HOLDER

	organization or entity requiring certificate(s) rou, but must show the following certificate holder add	dress on the certificate):
Name:		
Address:		
City:	State:	Zip:
What is this organization's	involvement?	
Is this organization request	ting to be named as an Additional Insured? \Box	Yes □No
If yes, Additional Insured –	exact language as required by certificate holde	r (if unsure, you may attach assumption
of liability documents or co	ntract):	
Is this organization request	ting to be named as a Loss Payee? Yes	brack brack
If yes, please describe:		
CONTACT TO FAX OR E	MAIL CERTIFICATE(S)	
Name:		
Fax:	or Email:	
Name:		
Fax:	or Email:	
Name:		
Fax:	or Email:	

Email to: GGB.WashingtonDC.Main@ajg.com

Please allow at least 24 hours to process request.

