

Request for Certificate of Insurance

To request insurance coverage for an event, complete this form and send it to Bill Simons at the email address shown below. Allow 20 days notice for processing.

Direct: 202-776-5030 EMAIL: bsimons@rustinsurance.com

DEOLI	EST EOD CEDTIFICATE OF	INCHDANCE
_	EST FOR CERTIFICATE OF	
		
City	State	Zip Code
Phone Number ()	<u>-</u>	
Date of Event		
	tendees) that will attend	
Name of Event		
Type of Event		
(If yes, a copy of the	ease of the Premises Contract? contract must accompany this i	request)
	e to: Email Address:	
EMAIL ORIGINAL Certificat		
Owner of the Premises where the		
Owner of the Premises where the	event will be held:	
Owner of the Premises where the Name:	event will be held:	
Owner of the Premises where the	event will be held:	
Owner of the Premises where the Name: Location of the Event: Address City	event will be held: State	
Owner of the Premises where the Name: Location of the Event: Address City EMAIL COPY of Certificate to	event will be held: State	
Owner of the Premises where the Name: Location of the Event: Address_ City EMAIL COPY of Certificate to Name:	State	Zip Code
Owner of the Premises where the Name: Location of the Event: Address_ City EMAIL COPY of Certificate to Name:	event will be held: State	Zip Code

Early Ford V-8 Club of America