

**EQUISURE, INC LIABILITY INSURANCE for DOG CLUBS
CERTIFICATE of INSURANCE REQUEST FORM**

This is not a binder. Please Type or Print Clearly.



Name of Club _____ Club Contact _____

Club Mailing Address: _____

Email _____ Tel # _____ Fax # _____

EVENT INFORMATION

Name of Event _____
Event Date(s): _____ Certificate Needed By: _____
Address Where Event Held: _____

NOTE: Please refer to your contract in selecting the appropriate type of certificate. Include and/or attach contract if Certificate requires special wording.

CERTIFICATE HOLDER (Select One) PROOF OF INSURANCE ADDITIONAL INSURED (AI)
Check all that apply: LANDOWNER FACILITY OWNER SPONSOR EQUIPMENT LESSOR

Certificate Holder Name: _____
Mailing Address: _____
City/State/Zip: _____
Attn: _____
Fax #: _____ Email: _____

CERTIFICATE HOLDER (Select One) PROOF OF INSURANCE ADDITIONAL INSURED (AI)
Check all that apply: LANDOWNER FACILITY OWNER SPONSOR EQUIPMENT LESSOR

Certificate Holder Name: _____
Mailing Address: _____
City/State/Zip: _____
Attn: _____
Fax #: _____ Email: _____

Authorized Club Representative (please print) _____

Signature: _____ Date: _____

Ed date:11/11