

**REQUEST FOR CERTIFICATE OF INSURANCE**  
**(Please complete for Land/Facility Owners or Lessor/Sponsor requiring the Certificates)**

Named Insured: \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Need no Later Than: \_\_\_\_\_

Is this certificate for a permit?  YES  NO

**CERTIFICATE HOLDER INFORMATION**

LAND/FACILITY OWNERS NAME: \_\_\_\_\_  
(Please include any specific wording required by your contract with the land/facility owner)

OR  
LESSOR/SPONSOR: \_\_\_\_\_

Or  
ASSISTANT: \_\_\_\_\_

If applicable, Name of Event: \_\_\_\_\_

If applicable, Dates of Event: \_\_\_\_\_

**ADDRESS WHERE EVENT HELD:**

Street: \_\_\_\_\_

City, State: \_\_\_\_\_

**LAND/FACILITY OWNER, LESSOR/SPONSOR, OR ASSISTANT MAILING ADDRESS**

Attn: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**PLEASE CHECK ONE OF THE FOLLOWING:**

**PROOF OF COVERAGE ONLY** \_\_\_\_\_ **ADDITIONAL INSURED** \_\_\_\_\_  
(Please refer to your contract in choosing the appropriate type of certificate)

*Please mail or fax the request to Equisure, Inc  
13790 E Rice Pl Ste 100  
Aurora CO 80015  
Phone 800-752-2472 Fax 303-614-6967*