

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