

**CERTIFICATE of INSURANCE REQUEST FORM**  
**DOG TRAINERS GENERAL LIABILITY**  
***Keep a copy of this page for future certificate requests***  
***This is not a binder. Please type or print clearly.***

Trainer Name \_\_\_\_\_ Name of Person Requesting Certificate \_\_\_\_\_  
Your Tel # \_\_\_\_\_ Your Email Address \_\_\_\_\_  
Send trainers copy of certificate(s) to (pick one):  FAX  EMAIL

**NOTE: Please refer to any contracts or agreement the club has signed when selecting the appropriate type of certificate. Include and/or attach contract if Certificate requires specific wording.**

**Certificate Holder Definitions**

**Additional Insured's**, if added will provide insurance rights to the other party (the additional insured) if involved in a covered claim. **Proof of insurance** will provide a certificate proving you have insurance but does not provide certificate holder with any coverage. **Please note we must have complete mailing addresses for either request.**

<b>CERTIFICATE HOLDER (Select One)</b> <input type="checkbox"/> <b>PROOF OF INSURANCE</b> <input type="checkbox"/> <b>ADDITIONAL INSURED (AI)</b> (Check all that apply) <input type="checkbox"/> <b>Assistant</b> <input type="checkbox"/> <b>Landowner</b> <input type="checkbox"/> <b>Facility Owner</b> <input type="checkbox"/> <b>Sponsor</b> <input type="checkbox"/> <b>Equipment Lessor</b>
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Certificate Holder Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Attn: \_\_\_\_\_  
Fax #: \_\_\_\_\_ Email: \_\_\_\_\_  
**Pick one -Send holder's certificate to:**  FAX  EMAIL  MAIL

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