

**CERTIFICATE OF INSURANCE
REQUEST**

DATE _____

CHAPTER NAME _____

CITY/STATE _____

EVENT _____

DATE _____

TIME _____

LOCATION OF EVENT _____

ADDRESS _____

CITY/STATE _____

FOOD OR BEVERAGE TO

IF SOLD, WHAT KIND? _____

_____ SERVED _____ SOLD

NBR OF DeMOLAYS _____

NBR OF ADVISORS _____

9 CERTIFICATE HOLDER *(check one)*

9 NAMED ADDITIONAL INSURED

CERTIFICATE HOLDER _____

ADDRESS _____

CITY/STATE _____

MAIL CERTIFICATE

(circle one)

FAX CERTIFICATE

TO _____

ADDRESS _____

CITY/STATE _____

FAX NUMBER _____

REQUESTED BY _____

TELEPHONE NUMBER _____

EXECUTIVE OFFICER APPROVAL _____