

Request for Certificate of Insurance

Fax to: 502-875-8240

Member Name: _____

Type of Certificate needed: (check one and provide requested details in description area)

- Property (address)
- Special Event (date, location, description)
- Auto (year, make, model, vin #, value)
- Equipment (serial #, description)

Description:

Certificate Holder's Name: _____

Address: _____

Type: (check one if applicable)

- Additional Insured
- Loss Payee
- Both