

REQUEST FOR CERTIFICATE OF INSURANCE FOR EVENT

THIS REQUEST MUST BE COMPLETED AND MAILED OR FAXED

AT LEAST TWO WEEKS PRIOR TO THE FUNCTION:

Date of request: _____

Name of Chapter _____ No. _____ District No. _____

Name of Chapter Secretary _____

Mailing address _____

Type of function to be held or name of event _____

Name of owner of facility where function or event will be held _____

Mailing address of owner of facility _____

Attn: _____ Fax (_____) _____

Street address of facility where function will be held _____

Name and address of Additional Insured if different from owner: _____

Date of function _____ Time of function—Begin _____ End _____

Approximate number attending function _____

Amount of coverage required _____

_____ Phone (_____) _____ Fax (_____) _____

Signature of person requesting Certificate

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AT LEAST TWO WEEKS PRIOR TO THE FUNCTION OR EVENT TO BOTH:**

Humphreys-Voorhees Insurance Agency
4950 Hall Road—Suite C
Orlando, FL 32817
Phone: (407) 657-8099
Fax (407) 657-8757

The Grand Chapter of Florida
Order of the Eastern Star, Inc.
P. O. Box 1518
Lynn Haven, Florida 32444
Phone (850) 571-3065
Fax: (850) 441-3863