

REQUEST FOR CERTIFICATE OF INSURANCE

AS TO THE CHAPTER(S):

Name of Chapter: _____ Chapter No.: _____

Chapter Address: _____

Contact Name: _____

Contact Phone Number: _____

Contact Email Address: _____

Copy of Certificate to the Grand Chapter: oesflgs@gmail.com

AS TO THE CERTIFICATE HOLDER:

Who is the Certificate to (Exact Legal Name): _____

Mailing Address: _____

Physical Address: _____

Email Address: _____

Fax (If no Email): _____

Address (If no Fax): _____

What is the relationship of Certificate Holder to Chapter:

Why do they need a certificate: (i.e. owner of premise, special event)

Note: If there is a written contract with special wording, we would request a copy of the insurance provisions of that contract.

Please send all requests to:
Edison Insurance Group
3835 Palm Beach Blvd, Suite A
Fort Myers, FL 33916
or
SUPPORT@EDISONINS.COM

Send a copy of request to:
The Grand Chapter of Florida
Order of the Eastern Star, Inc.
P. O. Box 1518
Lynn Haven, Florida 32444
oesflgs@gmail.com
Fax: (850) 441-3863