

Phone #: 626 359-0084  
Fax #: 626 305-0354



E-Mail: serviceoffice@todayna.org  
Internet: www.todayna.org/socal

Today's Date: \_\_\_\_\_ Your Name: \_\_\_\_\_ Your Phone #: \_\_\_\_\_

### REQUEST FOR CERTIFICATE OF INSURANCE

Certificate Holder: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Attention: \_\_\_\_\_

<b>Required Coverage</b>	<input type="checkbox"/> General Liability	<b>Limits</b> <u>1,000,000</u>
	<input type="checkbox"/> Umbrella	<u>1,000,000</u>
<b>Information for Certificate description:</b>	Specific Area to reference on the Certificate: _____ Event Type & Date OR meeting day: _____ Location of Event and/or meeting: _____ _____	
<b>Special</b>	<input type="checkbox"/> Additional Insured ( <input type="checkbox"/> GL) <input type="checkbox"/> Waiver of Subrogation ( <input type="checkbox"/> GL) <input type="checkbox"/> Other: _____	
<b>Handling Instructions</b>	<input type="checkbox"/> E-mail to Certificate Holder @ _____ <input type="checkbox"/> E-mail to me @ <u>serviceoffice@todayna.org</u> <input type="checkbox"/> FAX to Certificate Holder @ _____ <input type="checkbox"/> FAX to me @ _____ <input type="checkbox"/> Other: _____	

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Requested by:** \_\_\_\_\_

**NOTE:** Please include any written request you may have received from other for this Certificate of Insurance and advise of any additional requirements, if needed.