

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



E-Mail: specialworker@scrso.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: _____

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