

**ADDITIONAL INSURED / CERTIFICATE OF INSURANCE
INFORMATION**

fax to 805-646-9976 or mail to: PO Box 1294, Ojai, CA 93024

Allow 2 - 3 weeks for processing – SUBJECT TO UNDERWRITING APPROVAL

RETURN ADDRESS:

INSURED ORGANIZATION _____
YOUR NAME _____ TITLE _____
ADDRESS _____
CITY, STATE, ZIP _____

DAY PHONE () _____ EVE () _____

FAX () _____ E-MAIL _____

TYPE OF EVENT(S): SHOW _____ MEETING _____ SALE _____ FIELDTRIP _____

OTHER (DESCRIBE) _____

BUILDING OR EVENT LOCATION _____

EXPECTED ATTENDANCE (TOTAL # OF PEOPLE) _____

DATE(S) INCLUDING SET UP/CLEAN UP _____

check:

___ CERTIFICATE OF INSURANCE (PROOF OF INSURANCE)

___ ADDITIONAL INSURED' REQUESTED (ATTACH ANY INSTRUCTIONS)

___ SPECIAL FORM OR WORDING REQUIRED (PLEASE ATTACH)

NAME AND MAILING ADDRESS OF THE PERSON OR ORGANIZATION THAT HAS
REQUESTED THAT YOU PROVIDE PROOF OF INSURANCE AND/OR ADDITIONAL INSURED
ENDORSEMENT **REQUIRED!!**

(CERTIFICATE HOLDER):

ATTN: _____ RUSH FAX ? _____ BY (DATE) _____

FAX () _____ PHONE () _____ ext. # _____

INTEREST OF THE CERTIFICATE HOLDER:

LANDLORD/LESSOR _____ FUNDING SOURCE _____ GOVT. OR AGENCY PERMIT _____

WORK DONE ON THEIR BEHALF _____ OTHER _____

RENEW THIS CERTIFICATE EACH YEAR? YES _____ NO _____