

## CERTIFICATE OF INSURANCE

Humphreys-Voorhees Insurance Agency, Inc.  
4950 Hall Road, Suite C  
Orlando, FL 32817  
407-657-8099  
Fax: 407-657-8757

Date of Request: \_\_\_\_\_

We would like a Certificate of Insurance for:

Lodge: \_\_\_\_\_ No. \_\_\_\_\_

under The Most Worshipful Grand Lodge of Florida of Free and Accepted Masons of Florida.

Lodge \_\_\_\_\_ mailing \_\_\_\_\_ address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_  
\_\_\_\_\_

Contact person: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Lodge \_\_\_\_\_ address \_\_\_\_\_ if \_\_\_\_\_ different \_\_\_\_\_ from  
mailing: \_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_

We are tenants of this Lodge and are insured under The Grand Chapter of Florida Order of the

Eastern Star, Inc.

Chapter: \_\_\_\_\_ No: \_\_\_\_\_ District: \_\_\_\_\_

Chapter \_\_\_\_\_ mailing  
address: \_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_

Contact  
person: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Meetings \_\_\_\_\_ are \_\_\_\_\_ regularly  
held: \_\_\_\_\_

Signed: \_\_\_\_\_ Title \_\_\_\_\_  
\_\_\_\_\_

July 2012