

REQUEST FOR CERTIFICATE OF INSURANCE FOR EVENT

Date of request _____

Name of Chapter _____ No. _____ District No. _____

Name of Chapter Secretary _____

Mailing address _____

Type of function to be held or name of event _____

Name of owner of facility where function or event will be held _____

Mailing address of owner of facility _____

Attn: _____ Fax (_____) _____

Street address of facility where function will be held _____

Name and address of Additional Insured if different from owner: _____

Date of function _____ Time of function _____ Begin _____ End _____

Approximate number attending function _____

Amount of coverage required _____

Signature of person requesting Certificate

Phone (_____) _____ Fax (_____) _____

THIS REQUEST MUST BE COMPLETED AND MAILED OR FAXED AT LEAST TWO WEEKS PRIOR TO THE FUNCTION OR EVENT TO:

Humphreys-Voorhees Insurance Agency, 4950 Hall Road, Suite C, Orlando, FL 32817

Phone: (407) 657-8099

Fax (407) 657-8757

AND

The Grand Chapter of Florida, Order of the Eastern Star, Inc., P. O. Box 97, Bonifay, FL 32425-0097

Phone (850) 547-9199

Fax: (850) 547-9299