

**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 (\_\_\_\_\_) \_\_\_\_\_

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**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