

REQUEST FOR CERTIFICATE OF INSURANCE

(Please complete for Land/Facility Owners or Lessor/Sponsor requiring the Certificates for club events)

Name of Club: Jersey Skylands Labrador Retriever Club, Inc.
Complete Club's Mailing Address: 140 Bryan's Rd.
Hampton, NJ 08827

Contact Name: Maryann Czerwinski, Agent

Phone Number: (908) 537-4473 Fax Number:

Need No Later Than: _____ (Office Use Only): Date Received: _____

*Is This Certificate For A Permit? ___ Yes ___ No

CERTIFICATE HOLDER INFORMATON

LAND/FACILITY OWNERS NAME: _____
(Please include any specific wording required by your contract with land/facility owner)

OR

LESSOR/SPONSOR: _____

NAME OF EVENT: _____

DATE OF EVENT: _____

ADDRESS WHERE EVENT HELD:

Street: _____

City, State: _____

LAND/FACILITY OWNERS MAILING ADDRESS OR LESSOR/SPONSOR:

Attn: _____

Street: _____

City, State, Zip Code: _____

Fax Number: _____

Please check one of the following:

PROOF OF COVERAGE ONLY _____ ADD ADDITIONAL INSURED _____

(Please refer to your contract in choosing the appropriate type of certificate)

Please mail or fax the request to Equisure, Inc
Attn: AKC Program
13790 E. Rice Pl Ste 100
Aurora, CO 80015
PHONE 800-752-2427 FAX 303-614-6967