

**AINAD SHRINERS**

**CERTIFICATE OF INSURANCE REQUEST FORM**

***Requestor Information***

Your Name: \_\_\_\_\_  
Club or Unit Name: \_\_\_\_\_  
Date Needed: \_\_\_\_\_

***Certificate Holder Information***

Company Name: \_\_\_\_\_  
Attention: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

***Activity/Event Information***

Description of Your Activity: \_\_\_\_\_  
(i.e. marching, selling food, paper sale)  
Dates of Activity: \_\_\_\_\_  
Rain Dates (if any): \_\_\_\_\_  
Description of Event: \_\_\_\_\_  
(i.e. O'Fallon Homecoming, County Fair)  
Location of Event: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Check those that should apply:***

- Fax to Certificate Holder, fax # \_\_\_\_\_  
or  
 Mail to Certificate Holder
- Fax copy of certificate, fax # \_\_\_\_\_  
or  
 Mail copy of certificate to \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Any other requests?*** \_\_\_\_\_  
\_\_\_\_\_

***Mail or fax this request form to Ainad Temple  
Fax # (618) 874-6920***