



### **Insurance Certificate Request**

Use **only**, when required, as a condition for the use of the facility

1. Sir requesting certificate: \_\_\_\_\_

Branch requesting certificate: \_\_\_\_\_  
Branch Name Branch No.

Branch Contact: \_\_\_\_\_ ( )  
First Middle Initial Last Phone Area Number

Mailing address: \_\_\_\_\_  
Street City State Zip

2. Issue Certificate to: \_\_\_\_\_  
Name of facility

Mailing address: \_\_\_\_\_  
Street City State Zip

3. Should the proprietor of the facility be named as additional insured? Yes \_\_\_\_ No \_\_\_\_

4. Type of Event: Meeting \_\_\_\_ Meal/Dance \_\_\_\_ Picnic \_\_\_\_ Other (specify) \_\_\_\_

5. Date of Event: Regularly Scheduled \_\_\_\_ Specific (specify) \_\_\_\_

6. Location of Event: \_\_\_\_\_

Email or fax to:

**Morris & Garritano Insurance -**

**NPerez@MORRISGARRITANO.COM**

**FAX: 805-543-3064**