

# **Request for Certificate of Insurance**

Name of Event Location \_\_\_\_\_

Street Address \_\_\_\_\_

City , State and Zip Code \_\_\_\_\_

Event Name \_\_\_\_\_

Event Date \_\_\_\_\_

Attendance \_\_\_\_\_

Field Events?  Yes  No

Ride Mileage \_\_\_\_\_

Requested by \_\_\_\_\_

Date of Request \_\_\_\_\_

Revised November 2009

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