

**REQUEST FOR CERTIFICATE OF INSURANCE FOR EVENT**

**THIS REQUEST MUST BE COMPLETED AND MAILED OR FAXED**

**AT LEAST TWO WEEKS PRIOR TO THE FUNCTION:**

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 \_\_\_\_\_

\_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Signature of person requesting Certificate

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AT LEAST TWO WEEKS PRIOR TO THE FUNCTION OR EVENT TO BOTH:**

Humphreys-Voorhees Insurance Agency  
4950 Hall Road—Suite C  
Orlando, FL 32817  
Phone: (407) 657-8099  
Fax (407) 657-8757

The Grand Chapter of Florida  
Order of the Eastern Star, Inc.  
P. O. Box 35339  
Panama City, Florida 32412-5339  
Phone (850) 640-4718  
Fax: (850) 640-4469