

Certificate of Insurance Request Form

Certificate Holder:*	
Street Address:	
City, State, Zip:	
Email or Fax:	
Contact person:	
Event:	
Date of Event:	
Location of Event:	
Name of Garden Club :	
Garden Club Contact person with email address or fax no.	
Does Certificate Holder need to be named as additional insured?	
Email or fax copies to:	

*Certificate holder is the school district, property management, or church etc. It is not the garden club.

Complete all parts above, email the request to:

Debbie Adams
Windrush421@verizon.net

Email subject line: Certificate request

Please make sure to specify to whom copies are to be emailed or faxed