

Quail Unlimited Chapter Certificate of Insurance Request Form

Agent: Sportsman's Insurance Agency, Inc.
Attention: Heidi Juttner
1450 N. US 1, Suite 500
Ormond Beach, FL 32174
Fax - 386-677-3292 Phone - 800-925-7767 WWW.SIAI.net

To Be Completed by Chapter Representative

Today's Date: _____ Chapter Number: _____

Chapter Name: _____

Chapter Chairman/Contact Person's Name: _____

Chapter Chairman/Contact Person's Daytime Phone Number: _____
Fax Number: _____

Chapter Address: _____ State: _____ Zip: _____

Name of Event: _____

Description of Event: _____

Location of Event: _____

Date of Event: _____ Number of Participants expected: _____ Number of Spectators: _____

Projected Receipts from Event: _____ \$

Other organizations participating: _____

Does this event include a controlled Burn? Yes No If yes, call us for the necessary application:

Does the venue where you are holding this event require you to list them as an additional insured? Yes No
If you indicated, no we will issue a certificate for information purposes only. If you indicated yes, we will issue the certificate showing the certificate holder as an "Additional Insured".

Certificate Holder's Name: _____

Certificate Holder's Address: _____

City: _____ ST _____ Zip: _____

Certificate Holder's Fax Number: _____