

AINAD SHRINERS

CERTIFICATE OF INSURANCE REQUEST FORM

Requestor Information

Your Name: _____

Club or Unit Name: _____

Certificate Holder Information

Company Name: _____

Attention: _____

Address: _____

City, State, Zip: _____

Activity/Event Information

Description of Your Activity: _____
(ex: marching, selling food, paper sale)

Dates of Activity: _____

Rain Dates (if any): _____

Description of Event: _____
(ex: County Fair, Paper Crusade, Homecoming)

Location of Event: _____

Check all that should apply:

Email to Certificate Holder: _____

Fax to Certificate Holder: _____

Mail to Certificate Holder: _____

Email Copy of Certificate to: _____

Fax Copy of Certificate to: _____

Mail Copy of Certificate to: _____

Any other requests? _____

EMAIL THIS REQUEST FORM TO: admin@ainadshriners.org

OR

FAX THIS REQUEST FORM TO: 618-874-6920