

AINAD SHRINERS

CERTIFICATE OF INSURANCE REQUEST FORM

Requestor Information

Your Name: _____
Club or Unit Name: _____
Date Needed: _____

Certificate Holder Information

Company Name: _____
Attention: _____
Address: _____
City, State, Zip: _____

Activity/Event Information

Description of Your Activity: _____
(i.e. marching, selling food, paper sale)
Dates of Activity: _____
Rain Dates (if any): _____
Description of Event: _____
(i.e. O'Fallon Homecoming, County Fair)
Location of Event: _____

Check those that should apply:

- Fax to Certificate Holder, fax # _____
or
- Mail to Certificate Holder
- Fax copy of certificate, fax # _____
or
- Mail copy of certificate to _____

Any other requests? _____

***Mail or fax this request form to Ainad Temple
Fax # (618) 874-6920***