

# REQUEST FOR CERTIFICATE OF INSURANCE

(PLEASE COMPLETE FOR LAND/FACILITY OWNERS OR LESSOR/SPONSOR REQUIRING THE CERTIFICATES FOR CLUB EVENTS)

Name of Club: \_\_\_\_\_

Complete Club's Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Need no Later Than: \_\_\_\_\_

Is this certificate for a permit?  Yes  No

## CERTIFICATE HOLDER INFORMATION

LAND/FACILITY OWNERS NAME: \_\_\_\_\_

\_\_\_\_\_ Please included any specific wording required

OR

LESSORS/SPONSORS: \_\_\_\_\_

DATES AND TIMES OF EVENT: \_\_\_\_\_  
\_\_\_\_\_

ADDRESS WHERE THE EVENT IS TO BE HELD:

Street: \_\_\_\_\_

City, State: \_\_\_\_\_

LAND/FACILITY OWNER OR LESSOR/SPONSOR MAILING ADDRESS

Attn: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-Mail address: \_\_\_\_\_

**PLEASE CHECK ONE OF THE FOLLOWING:**

**PROOF OF COVERAGE ONLY** \_\_\_\_\_

**ADDITIONAL INSURED** \_\_\_\_\_

Please refer to your contract in choosing the appropriate type of certificate

You may mail, fax or e-mail requests to:

SPORTSMEN'S INSURANCE AGENCY PLAN, INC.

PO BOX 799

CAPE VINCENT, NY 13618

315-654-2068

315-654-3097 – FAX

315-654-2334 – FAX

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