

PSI IOTA XI

General Liability Certificate of Insurance Request Form

Complete and return this form by mail, fax, or e-mail along with a copy of the certificate of insurance requirements from the organization requesting the certificate (if applicable) to: **United Insurance Services, Inc.**

Address: P O Box 37, Vincennes IN 47591-0037

Fax: 812-885-2383 or e-mail: united@unitedins.com

Questions? Call toll free: 1-800-467-2106 (8:00am – 5:00pm Mon-Fri Eastern Time)

Chapter Name: _____ Contact Name: _____

Contact Phone Number: (____) _____ - _____

Contact Fax Number: (____) _____ - _____

Certificate Holder: (What entity is requesting Certificate?)

Entity Name: _____

Entity Address: _____ City/ST/ ZIP _____

Contact: _____

Additional Information:

Is the certificate holder requesting additional insured status? NO YES

If Yes, why is the certificate holder requesting additional insured status? They are:

the site owner a municipality a vendor
 the lessor of equipment. Personal property other (explain) _____

Description/Reason for Certificate:

Event Name: _____ Event dates: _____

Event Location: _____ City/ST _____

Brief description of the event: _____

Will alcohol be served? NO YES - if "Yes" is there a charge? NO YES

Distribution of the Certificate:

Send an original

Certificate to: Certificate Holder By Mail Address _____
City/ST/ZIP _____

By e-mail _____@_____

Insured Chapter By Fax (number: (____) _____)

Other (name _____)

Other information:

Remarks or

Other instructions: _____

Date Needed: ____/____/____

Today's Date: ____/____/____