



CERTIFICATE OF INSURANCE REQUEST

TO: LEGACY INSURANCE NETWORK

Email: awilliamson.MSIGR01@insuremail.net or
FAX: 719-388-2075

Date: 1/1/2012_____

Pages: 1_____

Attn: **Processing**

Requested by: **John Smith – Position**

Certificates are issued within 24 hours of receipt. If needed sooner, indicate here

THIS FORM MUST BE FILLED OUT COMPLETELY IN ORDER FOR A CERTIFICATE TO BE ISSUED.

Note: If you have a written request from the certificate holder with special requirements or special forms, it is *critical* that those be provided with this fax in order to assure an accurate and timely response.

All insurance coverage written with Legacy Insurance Network will be reflected on your Certificate.

PLEASE COMPLETE THE FOLLOWING:

Date and Type of Event: 2/1/2012 – Autocross

Location of Event: Your City and Your State

Sponsoring Club's Name: NCCC

Certificate Holder Additional Insured? Yes No

Is there a written contract between you & the Certificate Holder? Yes No

If Yes, attach Insurance requirements from the contract.

[This information will be located in the description box on the certificate.](#)

Certificate will include \$5 million General Liability per occurrence limit and a \$15,000 Accident/Health limit.

CERTIFICATE HOLDER INFORMATION:

PLEASE READ: A Certificate Holder is defined as the organization requesting the certificate of insurance in order to hold the event at their location.

Name of Venue/Certificate Holder: _____

Mailing address of Venue/Certificate Holder Address: _____

City, State & Zip: _____

Special Instructions (including additional insured information): _____

Name and Email/FAX for certificate recipient: _____