

# J.C. TAYLOR AGENCIES

J.C. TAYLOR, INC.

## REQUEST FOR A CERTIFICATE OF INSURANCE

Name and Address of National Club:

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Name of Requesting Region or Chapter:

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Club Contact Person for this Event: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Approximate Number of Members that will Attend: \_\_\_\_\_

Type of Event: \_\_\_\_\_

Will Bleachers be Used?    Yes \_\_\_\_\_    No \_\_\_\_\_

***A Copy of Any Contract You are Signing Must Accompany This Request  
\*\*\*\*\* Below Must Include Full Physical Street Addresses\*\*\*\*\****

Location of Event: \_\_\_\_\_

Owner of the Premises Where This Event Will Be Held:

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Certificate To Be Mailed To: \_\_\_\_\_

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Special Instructions: \_\_\_\_\_

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This form should be forwarded to the National Club Headquarters for approval at least one month prior to the event.

Complete form. Mail to Bill Blunden, Executive Secretary, P.O. Box 296, Carthage, NY13619 or email to [execsecretary@spaamfaa.org](mailto:execsecretary@spaamfaa.org) or [billblunden@gmail.com](mailto:billblunden@gmail.com)