Mercer Consumer, a service of

 Mercer Health & Benefits Administration LLC

PO Box 14575

Des Moines, IA 50306

**Certificate of Insurance Request Form**

**Are you a current, active member of your organization?  Yes  No**

**\*\*\*This Certificate request form is for professional individuals, clubs, and chapters.\*\*\***

**Name of Organization / Association:** Click here to enter text.

**Name / Chapter Name:** Click here to enter text.

**Policy Number or Client Number:** Click here to enter text.

**Name, Title, & Address of insured/Member Requesting Certificate:** Click here to enter text.

**Telephone Number:** Click here to enter text. **Email Address:** Click here to enter text.

**How would you like the Certificate of Insurance sent to you?**

**Fax to: Insured:** Click here to enter text. **Certificate Holder:** Click here to enter text.

**Email to: Insured:** Click here to enter text. **Certificate Holder:** Click here to enter text.

**Mail to:  Insured:** Click here to enter text. **Certificate Holder:** Click here to enter text.

**1. Name of event:** Click here to enter text.

**2. Location of the event (Name and Address):** Click here to enter text.

**3. Date of the event/function:** Click here to enter text.

**4. Name of entity (including mailing address) requesting proof of liability coverage:**

Click here to enter text.

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**5. Is the entity requesting to be named as an Additional Insured? Yes  No**

* **Does the additional insured own the event location? Yes  No**
  + **If no, please provide explanation of relationship between your club and the entity requesting the Additional Insured status: ­­­­­­­­­­**Click here to enter text.

**6. With regards to this event is your club/group:**

* **Sponsoring  Yes  No**
* **Volunteering  Yes  No**
* **Participating  Yes  No**

**7. Please list your/your club’s function and/or activities for the event (Explain exactly what your role is with respect to the event. More information is needed other than simply “sponsoring/volunteering):** Click here to enter text.

* **Please explain the Additional Insured’s role/actions in the event:** own the event location.
* **Is alcohol being served? Yes  No**
* **Is food being served? Yes  No**
* **Is this an athletic event? Yes  No**
* **Are you using trailers / mobile equipment? Yes  No**

**\*\*\*Important-Mercer Consumer is unable to process incomplete and/or unsigned Certificate requests.\*\*\***

**Signature:  Date:**

**Please fax or email your request to:**

**Fax-515-365-3005**

**Email** [**plsdsteam.service@mercer.com**](mailto:plsdsteam.service@mercer.com)

**In CA d/b/a Mercer Health & Benefits Insurance Services LLC**

**AR Ins. Lic. #303439**

**CA Ins. Lic. #0G39709**

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