



Mercer Consumer, a service of  
Mercer Health & Benefits Administration LLC  
PO Box 14575  
Des Moines, IA 50306

## Certificate of Insurance Request Form

### Clubs Only:

Are you a current, active member of your organization? Yes No  
Name of Organization or Association?  
Club Name?

1. Policy or client number:
2. Name, title and address of insured:

- 3a. Phone:
- 3b. Email:
4. How would you like the certificate of insurance delivered to you?
  - a. Email ☐
  - b. Mail ☐
- Event Information:
5. Name of event:
6. Location of Event (name & address):

7. Date of the event(s):
- 8a. Name & address of entity requesting proof of coverage:

- 8b. Is the entity requesting to be named as an additional insured? Yes ☐ No ☐  
8c. Does the entity own the event location? Yes ☐ No ☐  
8d. Explain the additional insured's role/interest in the event:

9. Type of event(meeting, musical performance, etc):
10. Explain your role/activities with respects to this event.

**Signature:**

**Date:**

Please fax or email your request to:  
Fax: 515-365-3005  
Email: [plsdssteam.service@mercer.com](mailto:plsdssteam.service@mercer.com)

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Mercer Health & Benefits Administration LLC  
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