

Show Date/Cert Request Form



INSURANCE BROKERS & CONSULTANTS

Phone: (951) 765-6210
Toll Free Voice: (800) 422-6210
Toll Free Fax: (800) 531-5692

Region #: _____ Club Name: _____

Officer's Name: _____ Officer's E-mail: _____

Officer's Address: _____

Officer's Phone: _____ Officer's Fax: _____

Name of Show/Activity: _____ Date of Show: _____

Describe Activity: _____

Expected Attendance: Participants: _____ Spectators: _____

Is the event sponsored by your group? Yes No Expected Receipts: _____

Is the event sanctioned by the CSHA? Yes No

Facility Name: _____

Facility Address: _____

Facility Phone: _____ Facility Fax: _____

Is the facility requesting to be named as an additional insured? Yes No

Certificate of Insurance Required? (Check One) Yes No

Certificates should be mailed to: _____

Liquor Liability Excluded on all Certs

Please fax requests to (800) 531-5692