


McDaniel Insurance Services

REQUEST FOR ADDITIONAL INSURED / CERTIFICATE OF INSURANCE

fax to: (805) 646-9976 or mail to: PO Box 1294, Ojai, CA 93024 or email to: himcins@west.net
It is best to allow 2 - 3 weeks for processing. – SUBJECT TO UNDERWRITING APPROVAL

RETURN ADDRESS:

INSURED ORGANIZATION _____	
YOUR NAME _____ TITLE _____	
ADDRESS _____	
CITY, STATE, ZIP _____	

DAY PHONE () _____ EVE () _____

FAX () _____ E-MAIL _____

TYPE OF EVENT(S): SHOW _____ MEETING _____ SALE _____ FIELD TRIP _____

OTHER (DESCRIBE) _____

BUILDING OR EVENT LOCATION _____

EXPECTED ATTENDANCE (TOTAL # OF PEOPLE) _____

DATE(S) INCLUDING SET UP/CLEAN UP _____

PLEASE CHECK:

Certificate of Insurance (Proof of Insurance)

Additional Insured Endorsement

NOTE: THIS IS REQUIRED. Please indicate the Additional Insured's interest:

Landlord or owner of venue/location

Funding Source

Required for permit from government agency

Work done for the certificate holder by your organization

Other: _____

Specific instructions or wording if required by the Additional Insured (please attach)

Special form required by the Certificate Holder (requestor). Please attach the form.

Automatic renewal (e.g., monthly meetings or landlords; not for dated events)

CERTIFICATE HOLDER: The certificate holder is the person or organization that has requested that you provide proof of insurance and/or an additional insured endorsement.

The Name and Mailing Address are required. We are legally required to mail the certificate to them.

Name: _____

Mailing Address: _____

City, State, ZIP: _____

Attention: _____ Telephone: (_____) _____

Rush requested by (date): _____ Rush Fax or E-Mail to: _____

CALL WITH ANY QUESTIONS : McDaniel Insurance Services, 800-400-7288