



WILSON M. BECK
INSURANCE GROUP

Form C- REQUEST FOR CERTIFICATE

This form is to be used for requests for Certificates of Insurance

IT IS REQUIRED THAT THIS REQUEST BE SUBMITTED 14 DAYS PRIOR TO THE EVENT

ROTARY DISTRICT #: 5060

THIS IS FOR THE ROTARY CLUB OF _____

CONTACT NAME: _____

MAILING ADDRESS: _____

TELEPHONE #: _____ FAX # _____

EMAIL ADDRESS: _____

WHEN IS THE EVENT?

DATES:

WHAT IS THE NAME OF THE EVENT? _____

DESCRIBE OPERATIONS: _____

DOES THE EVENT INCLUDE THE SERVING OF ALCOHOL? _____

WHERE IS THE EVENT? _____

WHO IS THE CERTIFICATE HOLDER (WHO has asked your Rotary Club for proof of insurance?)

FULL NAME: _____

FULL ADDRESS: _____

TELEPHONE # _____

IS THERE ANYONE WHO HAS ASKED TO BE SHOWN AS AN ADDITIONAL INSURED FOR THIS EVENT?

IF SO, FULL NAME: _____

FULL ADDRESS: _____

TELEPHONE # _____ FAX # _____

Please print this application, complete it and fax it or email it back to our office.

If you have any questions or concerns please contact:

The Wilson M Beck Rotary Insurance Team @

rotary@wmbeck.com

Tel: 236-425-1770



WILSON M. BECK
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Form B—SPECIAL EVENTS QUESTIONNAIRE
District 5060
RENTED/BORROWED EQUIPMENT & INVENTORY

Club Name: _____

Contact Person: _____

Contact Phone Number: _____

Contact Fax Number: _____

Contact Email: _____

Date of Event: _____

Description of Event: _____

Location of Event: _____

Start Time of Event: _____

Finish Time of Event: _____

Description of Rented/ Borrowed Equipment _____

ITEM	REPLACEMENT VALUE
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Where will the equipment be stored when not being used? _____

What is the maximum value of inventory (Liquor & Food supplies) that could be on site at any time? _____

Date Submitted _____ Contact Person Signature _____

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