



**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 #: 5370**

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**  
INSURANCE GROUP

**Form B—SPECIAL EVENTS QUESTIONNAIRE**  
**District 5370**  
**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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