

Liability Insurance Addendum 2 Proof of Insurance Request Form

Often times a facility will ask us for proof of liability insurance coverage. In most cases a *Certificate of Insurance* issued from the group's insurance carrier is all that is required. This certificate provides the facility with proof of insurance coverage and the amount of coverage from the insurance company. This is a routine procedure, and insurance companies will typically provide this free of charge. To request a certificate, please fill out sections 1, 2, and 4 of the form and return it to the appropriate trusted servant assigned to work with the region's insurance provider.

Other times, the facility requires that they be added to the insurance policy as an *Additionally Insured* on your group's insurance policy so that any claims against the facility that arises from your use will be covered (to the extent the group policy allows). Keep in mind, your group's insurance company may charge for adding *Additionally Insured* language to the policy. If this is what is needed, the entire form must be completed and returned to the appropriate trusted servant for follow-up.

Part 1: To be filled out for all requests

Full name of facility or its legal entity: (Ask the location or facility to provide this information. For example, a meeting may be held in XYZ Park, but the certificate is to be issued to their legal entity which is The City of ABC):

Full address of entity/location: _____

Part 2: To be filled out for all requests

Facility/Entity contact person (full name please): _____

Phone: _____ **Fax:** _____ **Email address (if any):** _____

Part 3: Fill out only if the facility/entity has asked to be named as "Additionally Insured"

Specific wording and/or endorsements to be stated on the certificate for the additional insured

(Have the location or facility provide this information to you in writing):

Part 4: To be filled out for all requests

Group or committee name: _____

Contact person's name: _____

Contact person's position: _____

Contact person's phone: _____ **Fax:** _____ **Email:** _____