



Mercer Consumer, a service of
Mercer Health & Benefits Administration LLC
PO Box 14575
Des Moines, IA 50306

Certificate of Insurance Request Form

Are you a current, active member of your organization?	Yes	No
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This Certificate request form is for professional individuals, clubs, and chapters.

Name of Organization / Association:

Name / Club Name:

Policy Number or Client Number:

Name, Title, & Address of insured/Member Requesting Certificate:

Telephone Number:

Email Address:

How would you like the Certificate of Insurance sent to you?

Fax to:

Insured:

Certificate Holder:

Email to:

Insured:

Certificate Holder:

Mail to:

Insured:

Certificate Holder :

1. Name of event:

2. Location of the event (Name and Address):

3. Date of the event/function:

4. Name of entity (including mailing address) requesting proof of liability coverage:



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5. Is the entity requesting to be named as an Additional Insured? Yes No
- Does the Additional Insured own the event location? Yes No
 - If no, please provide explanation of relationship between your Club and the entity requesting the

Additional Insured status:

6. With regards to this event is your Club/Group:

- Sponsoring Yes No
- Volunteering Yes No
- Participating Yes No

7. Please list your/your Club’s function and/or activities for the event (Explain exactly what your role is with respect to the event. More information is needed other than simply “sponsoring/volunteering):

8. Please explain the Additional Insured’s role/actions in the event:

- Is alcohol being served? Yes No
- Is food being served? Yes No
- Is this an athletic event? Yes No
- Are you using trailers / mobile equipment? Yes No

*****Important- we are unable to process incomplete and/or unsigned Certificate requests.*****

Signature:

Date:

Please fax or email your request to:
Fax: 515-365-3005
Email: plsdsteam.service@mercer.com

Mercer Consumer, a service of
Mercer Health & Benefits Administration LLC
In CA d/b/a Mercer Health & Benefits Insurance Services LLC
AR Insurance License #303439 | CA Insurance License #0G39709