

Optimist International Certificate of Insurance Request Form

Are you a current, active member of your organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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This Certificate request form is for professional individuals, clubs, and chapters.

Club/Chapter Name:

Policy Number or Client Number (www.oiclubinsurance.com , Insurance Products, Optimist Club Liability,

Summary of Insurance):

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:

***PLEASE ADVISE IF ENTITY IS A CITY, COUNTY OR STATE ORGANIZATION Yes No

***IF THE LIMIT OF LIABILITY IS OUTSIDE THE NORMAL LIMITS (1/MIL PER OCCURRENCE/2MIL PER AGGREGATE) PLEASE INDICATE HERE THE REQUIRED LIMITS._____

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):

- 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-Mercer Consumer is unable to process incomplete and/or unsigned Certificate requests.

Signature:

Date:

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