

Certificate of Insurance Request Form--Continued
(If you need more than one additional insured, please complete the section below)

Club Name: _____

Additional Insured 2-4:

Additional Insured Name: _____

Street Address: _____

City, State ZIP: _____

If additional insured is other than a landowner, please specify relationship: _____

Additional Insured Name: _____

Street Address: _____

City, State ZIP: _____

If additional insured is other than a landowner, please specify relationship: _____

Additional Insured Name: _____

Street Address: _____

City, State ZIP: _____

If additional insured is other than a landowner, please specify relationship: _____