

REQUEST FOR INSURANCE CERTIFICATE

Chapter Name & Number / Group Name: _____
Name: _____
Address: _____

Phone: _____
Fax: _____
Email: _____

Date of Event: _____
Location of Event: _____

Description of Event: _____

Certificate Holder (Entity requiring proof of insurance):
Name: _____
Address: _____

Have they requested Additional Insured status: Yes ___ No ___

Certificate to be: Mailed to Chapter _____ Mailed to Certificate Holder _____
Faxed (fax number) _____
Sent via email _____

Date: _____

Signature

Please mail, fax, or email this form to our Insurance Carrier:
Thompkins Masonic Insurance Program – 7677 Oakport Street, Suite 1150, Oakland, CA 94621-1932
Fax: 510-613-8007
Email: diane@thompkins-co.com or rosemary@thompkins-co.com