

**IT IS REQUIRED THAT REQUEST BE SUBMITTED 14 DAYS PRIOR TO EVENT**

NORWICH INSURANCE BROKERS  
1129337 ONTARIO INC.  
13 STOVER STREET NORTH  
NORWICH, ON N0J 1P0  
Phone: 519-863-2014 or 800-280-0937

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**REQUEST FOR CERTIFICATE CHECKLIST**

**This form to be used for requests for Certificates of Insurance, it can be emailed to:  
Kelsey@norwichinsurance.com Rotary C.S.R. (Kelsey Schaafsma) or faxed to 519-863-2015.**

ROTARY DISTRICT # \_\_\_\_\_

THIS IS FOR THE ROTARY CLUB OF \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**DETAILS OF THE EVENT**

DATES: \_\_\_\_\_

NAME OF THE EVENT: \_\_\_\_\_

DESCRIBE OPERATIONS: \_\_\_\_\_

DOES THE EVENT INCLUDE THE SERVING OF ALCOHOL?      YES                  NO

WHERE IS THE EVENT? \_\_\_\_\_

WHO IS THE CERTIFICATE HOLDER (WHO has asked Rotary Club for proof of Insurance?)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

CONTACT EMAIL: \_\_\_\_\_

IS THERE ANYONE WHO HAS ASKED TO BE SHOWN AS AN ADDITIONAL INSURED FOR THIS EVENT? IF SO,

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

CONTACT EMAIL: \_\_\_\_\_