

# J.C. TAYLOR, INC.

## REQUEST FOR A CERTIFICATE OF INSURANCE

NAME & ADDRESS OF NATIONAL CLUB:

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CHAPTER OR REGION REQUESTING CERTIFICATE: \_\_\_\_\_

CLUB CONTACT PERSON FOR THIS EVENT: \_\_\_\_\_

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

PHONE NUMBER: \_\_\_\_\_

DATE OF EVENT: \_\_\_\_\_

APPROXIMATE # OF MEMBERS ATTENDING: \_\_\_\_\_

TYPE OF EVENT: \_\_\_\_\_

WILL BLEACHERS BE USED?            YES            NO

**A COPY OF ANY CONTRACT YOU ARE SIGNING MUST ACCOMPANY THIS REQUEST**

**\*\*\*INCLUDE FULL PHYSICAL STREET ADDRESS BELOW\*\*\***

LOCATION OF EVENT: \_\_\_\_\_

OWNER OF THE PREMISES WHERE THIS EVENT WILL BE HELD:

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CERTIFICATE TO BE EMAILED TO: \_\_\_\_\_

SPECIAL INSTRUCTIONS:

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**Please forward this form to the national club headquarters for approval at least one month prior to the event.**

**PLEASE REMIT TO J.C. TAYLOR AT LEAST 14 DAYS PRIOR TO THE EVENT DATE.**

### DELIVERY INSTRUCTIONS

Email: [tmeakim@jctaylor.com](mailto:tmeakim@jctaylor.com)

Fax: 610-853-3823

Mail: J.C. Taylor Attn: Tom Meakim  
320 S. 69<sup>th</sup> Street  
Upper Darby, PA 19082