**GFWC - NH**

**LIABILITY INSURANCE CERTIFICATE**

 **REQUEST FORM**

**IMPORTANT NOTE:**

Please use this form when a certificate of insurance is requested by the facility in which your event will be held.

**Mail to:** Nancy Bird

Foy Insurance Group

PO Box 1030

64 Portsmouth Ave

Exeter, NH 03833-1030

603-772-4781

FAX 603-772-3246

Feel free to send an email with the above information in lieu of mailing this form:

**Nancy.Bird@foyinsurance.com**

Name of Club \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe event and your club’s activities: \_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Times \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Send certificate to:

Facility \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address

Attn: (Name of person at the facility to receive cert.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax Number (if requested by fax): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_