



433 Broadway, Suite 303, Saratoga Springs, NY 12866
 518-306-4502; 518-306-4503(fax); section2athletics@gmail.com

CERTIFICATE OF INSURANCE REQUEST FORM

Please Type or Print Legibly in this column

| | |
|---|-------------------|
| Venue Requesting Certificate – (This will be the Certificate Holder) | |
| Address of Venue: | |
| Contact Person: | Email |
| Phone# | Fax# |
| Date of Event: | |
| Coverage Dates Requested: | |
| Name / Type of Event: | |
| Location of Event – including City & State: | |
| Additional Insureds Complete Address/Contact Person and Phone numbers & Relationship to the insured: (Please use separate sheet if need for additional insureds) | |
| Name of Requestor Signature of Requestor Phone# | Email Fax# |

Please fax to Loomis & LaPann, Inc. **518-792-3426** Attention: Greg Joly; Lori George or Karen Boller
 Inquires to Greg; Lori or Karen @ **800-566-6479**, or email to gjoly@loomislapann.com
lgeorge@loomislapann.com or kboller@loomislapann.com