

# Request for Certificate of Insurance

Fax to: 502-875-8240

**Member Name:** \_\_\_\_\_

**Type of Certificate needed:** (check one and provide requested details in description area)

- Property (address)
- Special Event (date, location, description)
- Auto (year, make, model, vin #, value)
- Equipment (serial #, description)

**Description:**

**Certificate Holder's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Type:** (check one if applicable)

- Additional Insured
- Loss Payee
- Both