

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

**NORWICH INSURANCE BROKERS  
1129337 ONTARIO INC.  
13 STOVER STREET NORTH  
NORWICH, ONTARIO N0J1P0  
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: \_\_\_\_\_

WHEN IS THE EVENT?

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

WHAT IS THE NAME OF THE EVENT? \_\_\_\_\_

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

DOES THE EVENT INCLUDE THE SERVING OF ALCOHOL? \_\_\_\_\_

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

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

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

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

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

ARE THERE ANYONE WHO HAS ASKED TO BE SHOWN AS AN ADDITIONAL INSURED FOR THIS  
EVENT?

IF SO, NAME: \_\_\_\_\_

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

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