Quail and Upland Wildlife Federation, Inc. Chapter Certificate of Insurance Request Form

Agent: Sportsman's Insurance Agency, Inc.
Attention: Leslie Casanova, Manager
1364 N. US 1, Suite 503
Ormond Beach, FL 32174
Fax - 386-677-2588 ext: 111 Phone - 800-925-7767 www.siai.net Email: lcasanova@siai.net

To Be Completed by a Chapter Representative

Today's Date: _____ Chapter Number:

Chapter Name: _____

Chapter Chairman/Contact Person's Name: _____ E-Mail: _____

Chapter Chairman/Contact Person's Daytime Phone Number: _____

(Your copy of the certificate will be faxed to this number) Fax Number: _____

Chapter Address: _____ State: _____ Zip: _____

Name of Event: _____

Description of Event: _____

Location of Event: _____

Date of Event: _____ Number of Participants expected: _____ Number of Spectators: _____

Projected Receipts from Event: $ _____

Other organizations participating: _____

Does this event include a controlled Burn? Yes ☐ No ☐ If yes, call us for the necessary application:

Does the venue where you are holding this event require you to list them as an additional insured? Yes ☐ No ☐ If you indicated, no we will issue a certificate for information purposes only. If you indicated yes, we will issue the certificate showing the certificate holder as an "Additional Insured".
Certificate Holder's Name:

Certificate Holder's Address: _____

City: _____ State: _____ Zip: _____

Certificate Holder's Fax Number: _____ E-Mail: _____

Attention: _____

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