RURITAN MEMBER CLUB INSURANCE
CERTIFICATE REQUEST FORM

(PLEASE PRINT CLEARLY)

RURITAN CLUB SPONSORING THE EVENT:_____

CLUB ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ FAX: _____

CONTACT PERSON: _____ EMAIL: _____

CERTIFICATE HOLDER NAME: _____
(NAME OF ENTITY REQUESTING THE CERTIFICATE OR PROOF OF COVERAGE- NOT YOUR CLUB!!)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DESCRIPTION OF EVENT: _____

_____
BE SPECIFIC - DESCRIBE YOUR INVOLVEMENT IN THE EVENT. SPECIAL ACTIVITIES SUCH AS PARADES, FIREWORKS, TRACTOR PULLS/ INFLATABLES, ETC. ARE NOT AUTOMATICALLY COVERED AND WILL REQUIRE SPECIAL APPLICATIONS OR INFORMATION IN ORDER TO BE CONSIDERED FOR COVERAGE.

DATE(S) OF EVENT: _____

EVENT LOCATION: _____

_____

NUMBER OF ATTENDEES: _____
(IF GREATER THAN 2,000, EVENT MUST BE ADDED BY ENDORSEMENT)

DOES THE CERTIFICATE HOLDER NEED TO BE NAMED ADDITIONAL INSURED? _____
(IF SO, PLEASE PROVIDE COPY OF CONTRACT THAT SPECIFIES THIS REQUIREMENT)

SUBMIT THIS FORM TO:

THE BALDWIN GROUP
ATTN: CAROL ROHDE
20 SOUTH KING STREET
LEESBURG, VA 20175
PHONE: 703-737-2248
EMAIL: CAROL.ROHDE@BALDWIN.COM