

WWII H.R.S. Inc.,
EVENT CERTIFICATE OF INSURANCE
REQUEST FORM

Form created 4/27/02

Date of Request:
Requested by:
Title:
Sponsoring Unit:

Date(s) of Event:
Location of Event (City, street address, state, zip code):

Name of Location (If a park or military base for example):

Complete Name, Title or Entity Name to be designated as ADDITIONAL INSURED (If required):

Estimated number of participants:

Co-Sponsored Event?

If yes, name of additional sponsoring organization(s):

Are these organizations also providing a Certificate of Insurance for this event?

YES

NO

If NO, why?

Signed:

NOTE: ISSUING A CERTIFICATE OF INSURANCE DOES NOT "INSURE AN EVENT." A CERTIFICATE OF INSURANCE ONLY EVIDENCES THAT THE HRS HAS CERTAIN LEVELS OF COVERAGE AT A PARTICULAR POINT IN TIME AND THAT THE ADDITIONAL INSURED IS COVERED BY THE INSURANCE ONLY ON THE DATE(S) OF THE EVENT. ISSUING A CERTIFICATE OF INSURANCE DOES NOT COVER LOSSES CAUSED BY INDIVIDUALS, OR EQUIPMENT OWNED BY INDIVIDUALS, WHO ARE NOT MEMBERS IN GOOD STANDING OF THE HRS.