

**Request for Certificate of Insurance for Shows  
SFMS Insurance Program**

Complete legal club/society name: \_\_\_\_\_

Name of club contact person: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

**Entity or Facility to receive proof of insurance (Show Location)**

"MUST BE FILLED OUT COMPLETELY" to issue a certificate.

Facility Name: \_\_\_\_\_

Name of facility contact person: \_\_\_\_\_

Contact persons E-Mail address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Type of event: \_\_\_\_\_

Name of event: \_\_\_\_\_

Dates (include setup & tear down): Location of Event: \_\_\_\_\_

Special Instructions (Additional Insureds, etc):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

A certificate of insurance will be sent to the Facility Location Contact Person and the requesting

Club Contact Person (preferably through E-Mail or Fax)

Please fill out form and email it to the address below.

Alternatively, print out form, enter all information, and mail to address below.

Barbi Beatty, SFMS Assistant Treasurer

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