

**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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Ocean Springs, MS 39564

228-238-9900