

**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: \_\_\_\_\_

Facility mailing 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.

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