

# WEDJ.COM Insurance Program

## Third Party Certificate of Insurance REQUEST FORM

**If your participation Binder does not satisfy the venue and they require a Certificate of Insurance form that names your venue or client as an additional named insured, then please Complete the information requested below and e-mail, fax or mail to:**

**G.A. MAVON & CO.**

10 W. Chicago Ave  
Hinsdale, IL 60521  
630 242-3176 -- FAX 630 654-4447  
E-mail [sheri@mavon.com](mailto:sheri@mavon.com)

DJ's Business Name, Address, Phone and Fax number

DJ's Business Name: \_\_\_\_\_  
DJ's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Name, Address, Phone and Fax Number of Venue (or Company)

Venue Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Contact Person at Venue : \_\_\_\_\_  
Please include any special wording required by the venue

Date of event: \_\_\_\_\_

Name of Person (or Co) \_\_\_\_\_  
Party is for

Requested By: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please Print Requestors name)

**Please allow 48 hours for completion of Certificate**  
The Insurance Company requires these requests be in writing and that we keep them on file