

N.C.I.A.A.

National Club Industry Association of America Certificate of Insurance REQUEST FORM

If you 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:

<p>Commercial Brokerage Services, Inc PO Box 2719 Palatine, IL 60078 847 358-1500 – 866 992-8888 – Fax 847 358-1630 E-mail Las909@aol.com</p>
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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

Requested By: _____
(Please Print Requestors name)

Date: _____

Please allow 72 hours for completion of Certificate

The Insurance Company requires these requests be in writing and that we keep them on file