



Non Profit Insurance Request for Certificate

Member's Name: _____

Producer's Name: _____

Phone Number: _____ Email Address: _____

Please include copy of agreement, contract, or application from requesting organization.

Proof of Insurance		Additional Insured		Loss Payee		Waiver of Transfer of Rights	
Cert Holder Name					Attn:		
Mailing Address					City	State	Zip
Description/Purpose of Cert (Completely describe event, activity, vehicle/equipment, or property)							
Contract/Lease #				Effective Date(s)			
Event Name				Event Date(s)			
Event Location							
Vehicle	Year		Make		Model		
	VIN				Value		
Property	Address						
Equipment	Description		Serial #		ACV		
Additional Information/Description/Purpose							

Please forward the completed form to certificates@chooseclear.com, or call 1.800.407.2027 with any questions.