



REQUEST FOR A CERTIFICATE OF INSURANCE 2021

Please complete the following information and either email to pauletteperkins@kingscentral.net or fax your request to 8088717625. We will do our best to deliver your certificate within 24 hours if all of the information is provided. Please use additional an page if needed. Thanks.

KC Requestor's Name: _____ Date: _____

Email Address: _____

Contact Phone Number _____

Church Location: _____

Event Name: _____

Event Dates: _____

Event Location: _____

Event Description: _____

Estimated number of Participants: _____

Swimming involved: ____ Yes ____ No

Transportation offered to Participates: ____ Yes ____ No (Do not include volunteers)

If needed, please complete below.

Additional Insured Info:

Contact Name: _____

Name to appear on certificate: _____

Additionally insured - _____

Mailing Address: _____

Email Address: _____

Contact Phone Number: _____

Fax Number: _____