



**REQUEST FOR A CERTIFICATE OF INSURANCE/CHANGE OF LOCATION**

Please complete the following information and email to [reports@kingscentral.net](mailto:reports@kingscentral.net). Please include a **Finance Request** and a **Lease Agreement**. We will do our best to deliver your certificate within 24 hours if all of the information is provided. Please use additional page if needed. Thank you.

King's Campus Name: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Physical Church Address: \_\_\_\_\_

Church Mailing Address (If different than above): \_\_\_\_\_

Event Name: \_\_\_\_\_

Event Dates: \_\_\_\_\_

Event Location: \_\_\_\_\_

Event Description: \_\_\_\_\_

Estimated number of Participants: \_\_\_\_\_

Total Square Footage: \_\_\_\_\_

Swimming involved: \_\_\_\_ Yes \_\_\_\_ No

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

**Additional Insured/Landlord Info:**

Contact Name: \_\_\_\_\_

Name to appear on Certificate of Insurance (From W-9 Line1): \_\_\_\_\_

Additionally insured (From W-9 Line2): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

**Meeting Room in Hotel:                      Yes                      No**