

BFL Insurance Certificate Request

Client: _____

Insured: _____

Dates Required: _____

Operations other than those declared on policy: Yes No

Type of, or name of venue, if any: _____

Event, if any: _____

Additional insured: _____

Address: _____

Relationship to Client: _____

Special Requests:

Please attach any written agreement between yourselves and the additional insured pertaining to insurance requirements.

Name: _____

Signature: _____

Date: _____