

MEMBER - CERTIFICATE OF INSURANCE REQUEST FORM

It is the member's responsibility to ensure that all information provided is accurate and kept up to date. Please complete the form below and return it to The Chef Alliance. A certificate will be issued for each event or farmers market or commercial kitchen, if required, based on requirements sent to you by these events and locations; otherwise a general certificate will be issued.

Member Name	
Business Name	
Policy Number (if issued for current term)	

CERTIFICATE FOR _____

<ul style="list-style-type: none"> • Name of event, commercial kitchen or farmers market etc. • What are the dates of attendance, if applicable • What is required to appear on the certificate or proof of insurance? Please include full name and address. We advise copying and pasting the information that has been sent to you for accuracy. • Email address or contact person at each business/ organisation/ event being listed 	
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