

**EQUISURE, INC LIABILITY INSURANCE for DOG CLUBS  
CERTIFICATE of INSURANCE REQUEST FORM**

*This is not a binder. Please Type or Print Clearly.*



Name of Club \_\_\_\_\_ Club Contact \_\_\_\_\_

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

Email \_\_\_\_\_ Tel # \_\_\_\_\_ Fax # \_\_\_\_\_

**EVENT INFORMATION**

Name of Event \_\_\_\_\_  
Event Date(s): \_\_\_\_\_ Certificate Needed By: \_\_\_\_\_  
Address Where Event Held: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*NOTE: Please refer to your contract in selecting the appropriate type of certificate. Include and/or attach contract if Certificate requires special wording.*

CERTIFICATE HOLDER (Select One)  PROOF OF INSURANCE  ADDITIONAL INSURED (AI)  
Check all that apply:  LANDOWNER  FACILITY OWNER  SPONSOR  EQUIPMENT LESSOR

Certificate Holder Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Attn: \_\_\_\_\_  
Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

CERTIFICATE HOLDER (Select One)  PROOF OF INSURANCE  ADDITIONAL INSURED (AI)  
Check all that apply:  LANDOWNER  FACILITY OWNER  SPONSOR  EQUIPMENT LESSOR

Certificate Holder Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Attn: \_\_\_\_\_  
Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Authorized Club Representative (please print) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please print the application & sign with blue or black ink*

*Ed date: 10/14*