

REQUEST FOR PROOF OF INSURANCE COVERAGE
League of Women Voters of California, Inc.
500 Capitol Mall, Suite 2350 - #5001, Sacramento, CA 95814
Phone: 916-442-7215
Web: lwvc.org Email: lwvc@lwvc.org

Submit this form to request proof of insurance coverage. A certificate of liability insurance will be mailed to the organization that is mentioned on this form. There is no charge for the certificate.

League of Women Voters of _____
Address _____
City _____ State _____ Zip _____
League member in charge of event _____ Phone _____
Email _____
Date(s) of event _____
Description and location of event: _____

Approximate number of people expected to attend event: _____

Organization in need of proof of insurance

Organization _____
Address _____
City _____ State _____ Zip _____
Fax _____ Email _____

- Check here if the above mentioned organization should be named as Additional Insured (additional fees may apply).
- Check here if you want the certificate to be faxed.

Certificate of liability insurance will be mailed or faxed to the organization in need of proof of insurance.

Mail, fax, or email completed form to:

Proco Insurance Services
Attention: Eva Mandujano

910 East Hamilton Avenue, Suite 410
Campbell, CA 95008
Phone: [800-788-1170](tel:800-788-1170) or [408-510-5440](tel:408-510-5440)
Fax: 408-510-5490
Email: emandujano@acrisure.com