

**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](http://lwvc.org) Email: [lwvc@lwvc.org](mailto: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.**

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**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: [eva.mandujano@proco.global](mailto:eva.mandujano@proco.global)