

REQUEST FOR PROOF OF INSURANCE COVERAGE

League of Women Voters of California, Inc.
921 11th Street, Suite 700, Sacramento, CA 95814
Phone: 916-442-7215 Fax: 916 442-7362
Web: www.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 abovementioned organization should be named as Additional Insured.

- 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:

Suhr Risk Services of California
Attention: Receptionist

5300 Stevens Creek Blvd., 3rd Floor
San Jose, CA 95129
Phone: 800-788-1170 or 408-510-5481
Fax: 408-510-5490
Email: receptionist@insuhr.com