



INSURANCE CERTIFICATE REQUEST

Use **only** when required as a condition for the use of the facility.

1. REQUESTING SIR MEMBER:

Sir requesting certificate			
	First Name	MI	Last Name
Branch requesting certificate			
	Branch Name		Branch No.
Branch contact			
	First Name	MI	Last Name
	Phone with Area Code		

2. ISSUE CERTIFICATE TO:

Name of Facility			
Mailing address			
Should the proprietor of the facility be named as additional insured?	YES	<input type="checkbox"/>	NO
Type of event:	Meeting <input type="checkbox"/>	Meal/Dance <input type="checkbox"/>	Picnic <input type="checkbox"/> Other(specify) <input type="text"/>
Date of event:	Regularly scheduled <input type="checkbox"/>	Specific (specify) <input type="text"/>	
Location of event:			

Note: The original certificate will be issued to and mailed to the named Facility. A copy of the certificate will be Sent to the SIR State Insurance Committee c/o Craig Hoffhines <CFINES@ATT.NET>

Janelle Jones, Account Manager (Direct phone line: 805-543-6887 x 389) **Morris & Garritano Insurance**

Email this PDF form to: Form8Recipient@sirinc.org or FAX the form to: 805-543-3064