

REQUEST FOR LIONS CLUBS CERTIFICATES OF INSURANCE

NOTE: ALLOW 7 BUSINESS DAYS TO PROCESS REQUEST

This form can be faxed to us at 630.324.2601

or mailed to us at the following address:

Address: HRH/ TJ Adams Group
333 E. Butterfield Rd., Ste. 500
Lombard, IL 60148

* Please feel free to attach a copy of last years certificate, noting any changes,
or complete the information below.

Date _____

CLUB INFORMATION:

Name of Lions Club _____

Address _____

City, State, Zip _____

EVENT INFORMATION:

Event _____

Date(s) of Event _____

Location of Event _____

CERTIFICATE HOLDER/ADDITIONAL INSURED INFORMATION:

Certificate Holder: _____

(party requiring
certificate from
your club) _____

Additional Insureds (In order to be an Additional Insured, the party must own the premises on
which you are conducting your event or be a public body issuing a permit):

() None () Same as Certificate Holder () Different from Cert. Holder

Requested By: _____

Phone # where you can be reached for questions: _____

Send To:

() Fax Number: () _____

() E-mail address _____

() Mail Address _____
