

Certificate of Insurance Request

Please have a certificate of insurance sent to the following (one or both):

Contractor: _____

Company Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Venue: _____

Contact: _____

Address: _____

City: _____

State: _____

Zip: _____

Please add the following as additionally insured on the policy: **(Note: a fee will apply)**

Venue/Contractor: _____

Contact: _____

Address: _____

City: _____

State: _____

Zip: _____

Please fax completed form to 301-330-8622 or PDF to info@RKOswing.com.