



Certificate of Insurance Request Form--Continued  
(If you need more than one additional insured, please complete the section below)

**Club Name:** \_\_\_\_\_

**Additional Insured 2-4:**

Additional Insured Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State ZIP: \_\_\_\_\_

If additional insured is other than a landowner, please specify relationship: \_\_\_\_\_

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Additional Insured Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State ZIP: \_\_\_\_\_

If additional insured is other than a landowner, please specify relationship: \_\_\_\_\_

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Additional Insured Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State ZIP: \_\_\_\_\_

If additional insured is other than a landowner, please specify relationship: \_\_\_\_\_