

****These are instructions for assistance only, do not submit this form****

The form is an fillable PDF document.

See below: questions on form are in black and comments are in red for additional guidance on answering each one.

Please note: A signature and date is required on each form submitted. Mercer Consumer is unable to process incomplete and/or unsigned Certificate requests. You may type your name in the signature block and we will accept that as your Electronic Signature.

If Proof of Coverage Only is Required

Fill out form the same as additional insured up to question #4. Event information is optional as a generic proof of coverage will not have any of that information listed and can be provided to any venue of your choosing.

Question #4 changes to reflect a certificate holder, if requested.

Question #5 should state no to the status of additional insured and the form then needs to be signed and dated.

If Additional Insured Status is Required

Are you a current, active member of your organization? Are you an insured member on the policy or current member of the insured club?

Name of Organization / Association List the Name as stated on Policy

Name / Chapter Name If you are part of a club that has one blanket policy covering multiple chapters, list the chapter name. If individual policy, this does not apply.

Policy Number or Client Number Either number will suffice. Client number is always current, and policy numbers change every policy term.

Name, Title, & Address of insured/Member Requesting Certificate This information reflects the Insured Member/club member filling out the form.

Telephone Number This information reflects the Insured Member/club member filling out the form.

Email Address This information reflects the Insured Member/club member filling out the form.

How would you like the Certificate of Insurance sent to you? You have the option of mail, fax or email, and as many recipients you request for each method requested.

Insured—references the person filling out the form.

Certificate Holder—references the entity requesting to be additionally insured.

- 1. Name of event** This can be as simple as “wedding,” “musical performance,” “practices,” etc., however details are encouraged.
- 2. Location of the event (Name and Address)** Where the event is taking place, needs to be as specific as possible. If the answer is too vague we will reach out for clarification, however this can delay the issuance of the certificate.
- 3. Date of the event/function** This can be a single date, multiple dates for the same event (ex. monthly meetings), or a date range if it is an ongoing event (ex. tree sale lot, sporting season). If the certificate is needed for the entire policy term the date range will be from the date we receive the request to the end of your current policy period.
- 4. Name of entity (including mailing address) requesting proof of liability coverage** This is the Additional Insured entity. Each form should hold only one entity. Each additional entity needs to have both pages of the request form submitted to ensure accuracy on the certificates.
- 5a. Is the entity requesting to be named as an Additional Insured?** This option must be checked to include the entity as an additional insured on your policy.
- 5b. Does the additional insured own the event location?** The answer to this question will determine which form we use to issue your certificate, it is important for the answer to be accurate.
- 5c. If the answer to 5b is no please answer 5c.** Provide explanation of relationship between your club and the entity requesting the Additional Insured status Why are they requesting to be additional insured, what is their involvement in the event?
- 6. With regards to this event is your club/group Sponsors, Volunteers, or Participants?** Check as many as applicable.
- 7. Please list your/your club’s function and/or activities for the event (Explain exactly what your role is with respect to the event. More information is needed other than simply “sponsoring/volunteering):** Detailed description of you or your clubs role in the event.
- 7a. Please explain the Additional Insured’s role/actions in the event:** Why are they requesting to be additional insured, what is their involvement in the event?
- 7b. Alcohol-** are you or your club selling, manufacturing or distributing?
- 7c. Food-** are you or your club preparing the food?
- 7d. Athletic event-** how are you or your club participating in the event?
- 7e. Are you using trailers / mobile equipment-** this is referencing machinery such as golf carts, forklifts, etc. If yes, please give brief explanation of what and how they are being used.