

FOR CERTIFICATE OF INSURANCE ONLY

Use these instructions to fill out the form. DO NOT submit this form.

The form is an editable word document. Once saved to your computer you can click into the boxes and a dialogue window will open allowing you to insert checkmarks in the boxes. The gray boxes at the end of each question also allow editing.

See below comments in red for additional guidance on answering each question on the request form.

Are you a current, active member of your organization? If you are an active member of NFO, check Yes.

Name of Organization / National Folk Organization

Name / Chapter Name Enter your Name or your Club Name

Policy Number or Client Number 01-LX-012121471-4

Name, Title, & Address of insured/Member Requesting Certificate Enter your Name and Address.

Telephone Number Enter your telephone number.

Email Address Enter your Email address.

How would you like the Certificate of Insurance sent to you? You may have the Certificate sent to you by Fax, Email, or regular Mail. Check the appropriate box and enter:

Insured—Your Fax number, Email address, or Mailing Address.

Certificate Holder—Leave blank.

1. Name of event Enter what the event is. Weekly folk dance night, rehearsal, performance. Any additional information is helpful, but not required.

2. Location of the event (Name and Address) Enter the address where the event is taking place. 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 (folk dance weekend, festival). 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, which is Nov. 8, 2021.

4. Name of entity (including mailing address) requesting proof of liability coverage Enter Proof of Coverage only.

5a. Is the entity requesting to be named as an Additional Insured? Enter NO

Leave 5b – 6 blank.

5b. Does the additional insured own the event location? **Leave blank**

5c. If the answer to 5b is no please answer 5c. **Leave blank.**

6. With regards to this event is your club/group Sponsors, Volunteers, or Participants?

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): **Enter Member Runs Event**

7a. Please explain the Additional Insured's role/actions in the event: **Leave blank.**

7b. Alcohol- **Check Yes or No.**

7c. Food- **Check Yes or No**

7d. Athletic event- **Check No**

7e. Are you using trailers / mobile equipment- **Check No**

Sign and date the form.

If sending by Email, a typed name is sufficient for your signature.

Fax (515-365-3005) or email (plsdsteam.service@mercer.com) and copy Greg Lund at lglund@sbcglobal.net.

Please note: A signature and date is required on each form submitted. Mercer Consumer is unable to process incomplete and/or unsigned Certificate requests.