J.C. TAYLOR, INC

Certificate Of Insurance Request Form

Name of Requesting Affilia	te:		
Club Contact person for this	s event:		
Street Address			
Daytime Phone Number:			
Evening Phone Number:			
Approximate number of me	mbers that will attend:		
Type of event:			
Date of event			
Will bleachers be used?		☐ Yes ☐ No	
Will you be signing a lease of premises or contract? (A copy of the contract must accompany this request.)			
Location of Event:	Name:		
	Address:		
Ci	ty, State Zip		
Owner of the premises when	re the event will be held:	l:	
Certificate to be mailed to:	Name:		
	Address:		
	City, State Zip		
Special Instructions:			
JCNA Affiliate Instructions	:		
Fill all requested informatio J.C. Taylor Insurance 320 South 69th Street	e, Inc.	ch to: Jaguar Clubs of North America c/o Gary Kincel JCNA Business Manage 1003 Manor Valley Ct.	
Upper Darby, PA 190	84	TOUS MAHOF VAILEY CL.	

Export , **PA** 15632

Cell 412 638 2715, gkincel@jcna.com

Request for a Certificate of Insurance ins_req (Rev 02/12/2011))

For additional information contact: Loretta Dearing (800) 272-6784 Fax: (610) 853-3823				