J.C. TAYLOR, INC
Certificate Of Insurance Request Form

Name of Requesting Affiliate: _____

Club Contact person for this event: _____

Street Address _____

Daytime Phone Number: _____

Evening Phone Number: _____

Approximate number of members 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? ■ Yes ☐ No
(A copy of the contract must accompany this request.)

Location of Event: Name: _____
Address: _____

_____

City, State Zip _____

Owner of the premises where the event will be held: _____

Certificate to be mailed to: Name: _____
Address: _____

_____

City, State Zip _____

Special Instructions: _____

_____

_____

JCNA Affiliate Instructions: _____

_____

Fill all requested information and mail **one copy each** to:

J.C. Taylor Insurance, Inc.
320 South 69th Street
Upper Darby, PA 19082

Jaguar Clubs of North America
JCNA Business Manage/Insurance
500 Westover Dr. #8354
Sanford, NC. 27330
Business_Insurance@JCNA.com

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