

**REQUEST FOR "ADDITIONAL INSURED" AND/OR
"PROOF" CERTIFICATES OF INSURANCE (Other Than Contractor)**

Hayes Insurance Agency
3550 San Pablo Dam Rd., Ste. C
El Sobrante, CA 94803
Ph: 800.869.8643 Fax: 510.222.6162

****Please answer all questions; write "N/A" if the question does not apply; one form per request; requests for additional insured (s) WILL NOT be honored without a completed/returned form.**

Date: _____

Insured name: _____

Is this a request for:

Proof of Insurance

Additional Insured

Name & Address of insured:

Relationship of the additional insured to the named insured (i.e. Municipality, Property Owner, Lessor or Property, etc.):

Address/location of facility where event/function will be held:

Provide details of the event/function:

Purpose of event: _____

Date of event/function: _____

Schedule time of use: From: _____ To _____

Number of attendees: _____

Will there be alcohol served: YES NO

Will there be music: YES NO Or Dancing YES NO

If you were provided with written insurance requirements, please forward a copy to us along with this form.

To whom should the certificate be sent:

Insured

Fax #: _____

Email: _____

Additional Insured / Certificate Holder

Fax #: _____

Email: _____

Other

Fax #: _____

Email: _____