

Professional Program Insurance Brokerage (PPIB)

EMAIL to: certs@ppibcorp.com

INSURED:

CERTIFICATE OF INSURANCE REQUEST FOR INSURED-OPERATED STAND

Certificate Holder

Name & Address:

Additional Insured(s):

Location of Stand

Dates of Stand Operation:

E-mail Address to which we should send the certificate:

Date of Request:

Revision of Certificate #:

Comments:

STAND TO BE OPERATED BY AND ON BEHALF OF THE ABOVE NAMED INSURED

Stands operated by a third party must fill out a different request form.