

Professional Program Insurance Brokerage (PPIB)

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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.