



INSURANCE CERTIFICATE REQUEST

FOR The Bass Federation, Inc (TBF, INC.) AFFILIATED CHAPTERS, FEDERATIONS, TOURNAMENTS & EVENTS

CLUB INFORMATION: Club Number _____

Name of State Federation/Affiliated Club/Federation Junior Club: _____

Club Representative & Title: _____

E-Mail Address: _____ Phone #: _____

FAX #: _____ Date of Certificate Request: _____

EVENT INFORMATION:

Name of Event: _____ Date(s) of Event: _____

Hours of Event: _____ Location of Event: _____

Is there a request for a Certificate of Insurance?

If yes, is the request for Proof of Insurance only or for an Additional Insured? Please circle one.

PROOF OF INSURANCE

ADDITIONAL INSURED

Name of Entity to be added as it should appear on the policy:

Address: _____

Relationship (**Mandatory**): Sponsor _____ Owner/Lessor of Premises _____

Other (Please explain): _____

Is there another request for a Certificate of Insurance?

If yes, is the request for Proof of Insurance only or for an Additional Insured? Please circle one.

PROOF OF INSURANCE

ADDITIONAL INSURED

Name of Entity as it should appear on the policy: _____

Address: _____

Relationship (**Mandatory**): Sponsor _____ Owner/Lessor of Premises _____

Other (Please explain): _____