





5. Is the entity requesting to be named as an Additional Insured?  Yes  No

• Does the additional insured own the event location?  Yes  No

• If no, please provide explanation of relationship between your club and the entity requesting the Additional Insured status:

6. With regards to this event is your club/group:

• Sponsoring  Yes  No

• Volunteering  Yes  No

• Participating  Yes  No

7. Please list your/your club's function and/or activities for the event (Explain exactly what your role is with respect to the event. More information is needed other than simply

“sponsoring/volunteering):

• Please explain the Additional Insured's role/actions in the event:

• Is alcohol being served?  Yes  No

• Is food being served?  Yes  No

• Is this an athletic event?  Yes  No

• Are you using trailers / mobile equipment?  Yes  No

**\*\*\*Important-Marsh is unable to process incomplete and/or unsigned Certificate requests.\*\*\***

Signature:

Date:

Please fax or email your request to: Fax-515-365-3005 or Email-[plsdsteam@marshpm.com](mailto:plsdsteam@marshpm.com)

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