

Alaska Conference Request for Certificate of Insurance



Name of organization renting or leasing the facility:		
Name(s) of designated certificate holder(s) and their contact information:		
Vendor Name:		
Address:		
Phone No:	Fax No:	
Vendor Name:		
Address:		
Phone No:	Fax No:	
Location of rented or leased facility (if different from above):		
Beginning date of activity:	Ending date of activity:	Number of meetings or sessions:
Description of activity requiring certificate:		
Must certificate holder(s) be named as additional insured(s)?		Will vendor accept a facsimile of the certificate?
Amounts and types of coverage required:		
Date certificate(s) must be submitted to vendor:		Number of certificates required:
Address to which certificate must be mailed (if different from above):		
Signature of person submitting this request:		Date of request:

Please submit request at least 14 days before certificate is required

MAIL TO

Alaska Conference of Seventh-day Adventists, 6100 O'Malley Rd, Anchorage, Alaska 99507
or fax to 907-346-3279

For questions, contact Treasury at 907-346-1004