



**RRCA ADDITIONAL INSURED
CERTIFICATE REQUEST FORM**

DATE OF REQUEST: _____

1. CLUB REQUESTING CERTIFICATE: _____

2. ADDRESS OF MEMBER CLUB: _____

3. CONTACT PERSON: _____

4. FAX #: _____ **PHONE#:** _____

5. DATE OF EVENT: _____

6. TITLE & TYPE OF EVENT: _____

7. NUMBER OF PARTICIPANTS: _____

8. NAME OF ADDITIONAL INSURED: _____

9. RELATIONSHIP TO THE EVENT: _____

(OWNERS AND/OR LESSORS OF PREMISES, SPONSORS AND CO PROMOTERS, OR MUNICIPALITIES)

10. ADDRESS OF ADDITIONAL INSURED: _____

11. CONTACT PERSON: _____ **FAX#:** _____

12. ANY SPECIAL REQUIREMENTS: _____

E-MAIL ADDRESS FOR MEMBER CLUB:

E-MAIL ADDRESS FOR ADDITIONAL INSURED:

USE ONE FORM FOR EACH ADDITIONAL INSURED

**PLEASE ALLOW TWO (2) WEEKS FOR PROCESSING OF CERTIFICATE REQUESTS
COPIES ARE PROVIDED TO: MEMBER CLUB, ADDITIONAL INSURED & INSURING COMPANY**

**SEND REQUEST TO: JANICE ROUTH AT DILLER-SMITH & ASSOCIATES
2526 SCOTSWOLDE DRIVE
PO BOX 8517
FORT WAYNE, IN 46808**

**PHONE: (260)482-5455
FAX: (260)483-6297
E-MAIL: jroutt@eglininsurance.com**