

Certificate of Insurance Request Instructions

My goal is to issue your Certificates the same day I receive your request. To assist with this goal, I ask you to do the following:

1. Please complete each line on the request.
2. Be sure to provide fax or email information for quickest delivery of the Certificate.
3. When events are held at schools, typically the Certificate must be made out to the school district. Provide the full name and address of the school district unless you have confirmed that it goes direct to the school.
4. Completed Certificate of Insurance Request forms are preferred over telephone call or email requests.
5. The policy term is November 1st to November 1st. If your event is to be held on November 1st or shortly thereafter, please keep in mind the policy coverage must be bound before I can issue the Certificate. Once I receive approval to bind the renewal, I will send out your Certificates as soon as possible.
6. If you need a Certificate for an event on or shortly after November 1st that requires approval from your event location, let me know and I will send out a Certificate for the current term with a note that another will be sent for the renewal term once coverage is bound.

If you have questions, let me know. I am always happy to help in any way I can.

Best Regards

Barbara Bartlett
McDowall & Keeney Ins. Assoc.
865 Howe Ave. Ste. 200
Sacramento, CA 95825
(916) 567-3233
(916) 567-3155 FAX
barbarabartlett@mcdowallandkeeney.com

THE DELTA KAPPA GAMMA SOCIETY – CHI STATE

**808 University Avenue Suite M-1
Sacramento, CA 95825
(916) 922-5911
Fax (916) 922-1405**

CERTIFICATE OF INSURANCE REQUEST

Date of Request: _____

Name of Event: _____

Date of Event: _____

Chapter and/or Area: _____

Contact Person: _____

Address: _____

Phone: _____ **Fax:** _____

Email: _____

Complete name and address of organization requesting Certificate

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

Email: _____

Contact Person: _____

Forward request to: **McDowall & Keeney Ins. Assoc.**
865 Howe Ave. #200
Sacramento, CA 95825
Phone (916) 567-3233 Fax (916) 567-3155
Email: barbarabartlett@mcdowallandkeeney.com