

Certificate of Insurance Request Form

Date of Request:

Person Completing this Form:

Email Address:

INSURED: California Chapter, American Planning Association

Address of Insured: c/o Stefan/George Associates, 925 L Street, Ste. 200, Sacramento, CA 95814

Phone: (916) 443-5301

Describe Event:

Date/s:

Location/Address:

Party (Certificate Holder) Requesting the Certificate (Not you, you are the Insured):

Attn:

Address:

Fax:

Phone:

Email Address:

Have you entered into any signed agreement or contract with the Certificate Holder? Yes* No

Additional Insured Requested: Yes* No

* If yes, please provide us with the insurance portion of the contract so that we may review it. Without a contract, we cannot add the Additional Insured or any other special wording.

Please Return Completed Questionnaire to:

McClatchy Insurance Agency
Attn: Shelley Self
2410 Fair Oaks Blvd., Ste. 140
Sacramento, CA 95825

Or, email to Shelley Self at
shelley@mcclatchyins.com