

ASCIP-B

REQUEST FOR CERTIFICATE OF INSURANCE

To: DEBORAH NOBLES
E-mail: NOBLES@ASCIP.ORG

Phone: 562-404-8029
Fax: 562-404-8038

District:	Date of Request:
PTC/Booster:	
Name of Contact:	
Phone:	
Fax:	
E-mail:	
Certificate Holder & Additional Insured (AI):	
Address:	
Attn:	
Phone:	
Fax:	
Description of Event:	
Date(s) of Event:	
Liquor Liability: Yes or No	
All Adults: Yes or No	
TO BE COMPLETED BY ASCIP	
Roster Received:	
Premium Received:	
Additional comments:	