FES CHAPTER
REQUEST FOR CERTIFICATE OF INSURANCE

Today's Date: _____

Requestor Name: _____

FES Chapter: _____

Address: _____

Email: _____

City/State/Zip: _____

Date(s) and Time(s) of Event: _____

Estimated Attendance: _____

Intended Certificate Holder (Vendor)

Company Name: _____

Contact Name: _____

Address: _____

City/State/Zip: _____

Email: _____

Amount of Insurance Requested: _____

Email this form to:
FES Headquarters TLH – karen.franklin@fleng.org
P.O. Box 750
Tallahassee, FL 32302-0750