

LESTER KALMANSON AGENCY, INC.
&/OR MITCHEL KALMANSON
P.O. BOX 940008
MAITLAND, FL 32794-0008 U.S.A.
PHONE: 407-645-5000 / FAX: 407-645-2810
www.lkalmanson.com / MitcheK25@hotmail.com

C E R T I F I C A T E O F I N S U R A N C E
R E Q U E S T F O R M

- 1) DATE: _____
- 2) NAME OF INSURED: Marie Girouard - Giddy Up Ranch Pony Rides/Zoo
- 3) PERSON REQUESTING CERTIFICATE: Marie Girouard
- 4) PHONE NUMBER: (818) 335-7538

- 5) CERTIFICATE HOLDER / VENUE NAME: _____
- A) ADDRESS: _____
- B) CITY/STATE/ZIP: _____
- C) C/O: _____
- D) TELEPHONE: _____ FAX: _____
- 6) PLEASE FAX OR MAIL (CIRCLE ONE) TO: FAX #: _____

- 7) NEED CERTIFICATE BY: _____ OR A.S.A.P. (CIRCLE ONE)
- 8) CERTIFICATE HOLDER OR PROOF OF INSURANCE ONLY?
(CHECK ONE) YES NO
- 9) ADDITIONAL INSURED? (CHECK ONE) YES NO
(SUBJECT TO ADDITIONAL PREMIUM IF NOT PAID PREVIOUSLY)

IF YES, ADDITIONAL INSURED INFO: _____

- 10) EVENT DATE(S): _____
- NUMBER OF SHOWS PER DATE: _____
- 11) DESCRIPTION OF EVENT(S): _____
- 12) LOCATION OF EVENT(S): _____
- 13) ANY SPECIAL REQUIREMENT(S): _____