



REQUEST FOR CERTIFICATE OF INSURANCE FORM

Contact Name: _____

Phone: _____

Regional Center: _____ (Ann Arbor, Jackson, Kalamazoo, Lansing or Saginaw)

Name of Facility: _____

Attention: _____

Address: _____

City: _____

State: _____

Zip/Postal Code: _____

Phone: _____

Fax: _____

Email: _____

Purpose (event, location, or activity): _____

Coverage Needed: General Liability