

## BCHC Insurance Request Form

Unit \_\_\_\_\_

Date \_\_\_\_\_

Need:

Additional Insured [  ] (Property owner wants to be named on the policy for the event)

Proof of Insurance [  ] (Lists Insurance Company and what limits of coverage BCHC has)

Type of Event: \_\_\_\_\_ Number of Members: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Number of Non-Members: \_\_\_\_\_

Stock Present? [  ] Yes [  ] No

For Additional Insured, please provide:

Name of Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Unit Contact Information:

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Certificates will be emailed back to the BCH member from the Insurance VP or the Insurance Company. The BCH member is responsible for forwarding the certificates to the appropriate party.