

WEDJ.COM Insurance Program

Third Party Certificate of Insurance

REQUEST FORM

If your participation Binder does not satisfy the venue and they require a Certificate of Insurance form that names your venue or client as an additional named insured, then please Complete the information requested below and e-mail, fax or mail to:

G.A. MAVON & CO.

10 W. Chicago Ave
Hinsdale, IL 60521
630 242-3100 -- FAX 630 654-4447
E-mail info@mavon.com

Business Name: _____

Name: _____

Address: _____ City _____ State _____ Zip _____

Phone #: _____ Fax # or email _____

Venue Name: _____

Address: _____ City _____ State _____ Zip _____

Phone # : _____ Fax # or email _____

Contact Person at Venue : _____

Please include any special wording required by the venue

Date of event: _____

Name of Person (or Co) _____
Party is for

Requested By: _____

(Please Print Requestors name)

Date: _____

Please allow 48 hours for completion of Certificate

The Insurance Company requires these requests be in writing and that we keep them on file