The American Iris Society
Request for Certificate of Insurance

Once filled in this form may be saved and emailed to the address indicated below or printed and faxed to the number below.

To: Berends Hendricks Stuit Insurance

Phone/Fax: 616-574-3317
(automatically switches to FAX)
Email: certificates@bhsins.com

From:_____ **Fax:**_____

Phone:_____

Legal Name of Society hosting event:_____

Description of event:_____

_____

Date(s) of event:_____

Certificate Holder: _____
(venue)

_____

_____

Has Certificate Holder requested to be named as an additional insured? ☐ **Yes** ☐ **No**

Mail certificate to: _____

_____

_____

Fax certificate to: _____

Fax Number: _____

Comments: _____

_____

Save Form | Print Form | Email Form

AIS Rev 2018