The American Iris Society
Request for Certificate of Insurance

Once filled in, this form may be emailed to the address indicated below or printed and FAX'd to the Fax number below.

To: Berends Hendricks Stuit Insurance

Fax: 616.574.3317
Phone: 800.350.7676
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: _____

_____

Print Form Save Form Email Form

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