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 Soci	iety hosting event:	
Description of even	t:	
Has Certificate Ho	lder requested to be named as an additional insured?	Yes No
Mail certificate to:		
Fax certificate to: _		
Fax Number:		
Comments:		