

Klamath Insurance Center, Inc.

Request for Certificate of Insurance

To: **Nicolas Phair**

Date:

Fax: 541-882-5556

Phone: 541-882-5555

E-Mail: nphair@klamathinsurance.com

Insured: National Association for Family & Community Education

73 Cavalier Blvd, Suite 106

Florence, KY 41042

Certificate Holder Information (complete name & mailing address).

Interest

Certificate Holder

(no additional charge)

Additional Insured

(If required, an additional charge
may be assessed)

Loss Payee

Mortgagee

Other (explain)

Mail

Fax

Email

To:

** If you have received a written request for this certificate, please email it along with this form so we can comply with the complete request. Thank You.**

A few helpful tips when filling out the Certificate Request Form:

1. Certificate Holder: the organization or business who is requesting the certificate (i.e. the vendor of a conference may ask to see proof of insurance)
2. The Certificate Holder may request to be included as Additional Insured. (This protects the Certificate Holder from any negligent acts of an FCE member.) Your members will not receive any requests for Loss Payees or Mortgagees. If the Certificate Holder requests specific information, this can be placed in the "other" box.
3. The last section is just identifying to whom the Certificate should be sent.