



Request For Insurance Coverage Form

Promoter Name: _____

Promoter Email: _____

Promoter Fax Number: _____

Contest Name: _____

Contest Date: _____

Name of Venue: _____

Address of Venue: _____

Contact Person's Name for Venue: _____

Phone Number of Venue: _____

Fax Number of Venue: _____

Email Address of Venue: _____

Wording to be used for venue being listed as the Additional Insured AKA Certificate Holder on the policy (usually specified in the rental agreement – if not ask what is to be used, not always the venue name and address. For example, a high school could be the school name and address or the city/county public school system and main office address.) If the proper wording is not used chances are changes will have to be submitted down the road and prove inconvenient if under last minute time constraints. **SO BE SURE TO LIST BELOW THE EXACT NAME AND ADDRESS THAT IS NEEDED BY THE VENUE.**

Send this form with insurance fee of \$175.00 made payable to OCB to:

OCB, PO Box 7146, Surprise, AZ 85374

Or to pay by credit card (MasterCard or Visa only), complete below and fax to 240-455-0640
(\$6 convenience fee added for payment by credit card, total billed \$181)

Name on card: _____

Card#: _____ - _____ - _____ - _____ Exp Date: _____

Signature: _____