



**Certificate of Insurance Request Form**

**Client Code: SOCIFOR-11**

**Society for the Preservation and Propagation of Barbershop  
Quartet Singing in the United States (SPPBSQSUS, Inc.), dba  
Worldwide Barbershop Quartet Association (WBQA)**

<b>From:</b>	<b>Email:</b>
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Instructions: Please provide the following information along with any **signed contracts**. Once you have completed this form, email to [Kelly\\_watson@ajg.com](mailto:Kelly_watson@ajg.com). Requested Certificates will be issued within 24 hours. Rush request will be issued within 4 hours (please indicate, "Rush" in your email subject line).

**If the certificate is not received within 24 hours, please check your spam/junk mail folder.**

<b>Certificate Holder Name:</b> This will be a 3 <sup>rd</sup> party. Most likely the venue or a management company	
<b>Certificate Holder Address:</b>	
<b>Lodge Name:</b>	
<b>Lodge Code:</b>	
<b>Event Name and Date:</b>	
<b>Contact info (email, fax, etc.) of person(s) to receive certificate:</b>	

**1. Will your Lodge be responsible for  
selling alcohol to event guests?**

Yes ☐ No ☐

\*Do not answer yes to this question if your Lodge has contracted with the venue or a 3<sup>rd</sup> party to sell/serve alcohol.

**2. Is this a youth specific day/overnight camp?**

Yes ☐ No ☐

**3. Is any special wording required?**

Yes ☐ No ☐

\*If so, please provide in the space below and attach the contract:

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**4. Have any organized non-member  
groups been invited to perform\*?**

Yes ☐ No ☐

\*If yes, provide the name(s) of the non-member group(s) participating, and attach their certificate(s) of insurance (if available)