

## REQUEST FOR ADDITIONAL INSURED

Cost: \$170 per additional insured certificate

Allow 4 weeks for processing – subject to Underwriter approval

This form may be filled out by hand or computer and mailed to us.

Club Name:	Date:
Representative's Name:	Title:
Address:	
City:	State: Zip Code:
Phone:	Email:
(Addi	tional Insured Contact Information)
Organization Name:	
Representative's Name:	
Address:	
City:	State: Zip Code:
Phone:	Email:
Please indicate how you would like th	e additionally insured to be listed on the policy:

Prior to applying for additional insured coverage, please verify if the venue / organization requires proof of insurance or if the venue / organization must be specifically added to the insurance policy.

The fee is \$170 (non-refundable) per organization. Your club's General Liability certificate is proof of your club's insurance coverage only.

Our mailing address is: GSBF, P.O. Box 340694, Sacramento, CA 95834

Please contact Dodie Newman, Treasurer with any questions gsbonsaifed@gmail.com.