

SCFMS CERTIFICATE OF INSURANCE REQUEST FORM

To obtain a certificate of insurance to verify coverage to contract with a venue or landowner for an event, please fill out the following form and fax or email to our insurance agent listed below.

Club Name: Contact Name: Contact Phone Number	er:		Contact Fax Number	-
Email Address: Will you need a copy?	$? \square YES$	□NO		
Date of Event:				-
Name of Facility Requ Contact Name: Contact Email Address Contact Fax Number: Address: City: Description of the Eve	ss:			_
Description of the Eve	ent:	_ 51:	Z1p:	
This insurance verification is for: Show Field Trip Regular Meetings Classes Date Certificate is Needed:				
Umbrella	Auto		Other	
FAX OR EMAIL THIS FORM TO OUR INSURANCE AGENT:Beverly Uzzell,Email Address: BUzzell@InsuranceOneAgency.comInsurance One Agency, LC4411 Old Bullard Road, Suite 500Tyler, Texas 75703Phone: 903.526.0208 / Fax: 903.526.0305She sometimes works at the Overton office, that number is:(903)834-6121 or 1-800-964-0385				

***QUESTIONS? PROBLEMS?**

Kimberly J. Brannon, 225 620 5174, or email kimberlyarts@hotmail.com



Member of the American Federation of Mineralogical Societies

