

# James R. Favor & Company, LLC

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CERTIFICATE OF INSURANCE REQUEST		
FRATERNITY / SORORITY CHAPTER INFORMATION		
Inter / National Organization: Alpha Phi Omega National Service Fraternity		
Chapter Name:	School:	
Chapter address:		
City:	State:	ZIP Code:
This request is for:	<input type="checkbox"/> AN EVENT	<input type="checkbox"/> 2017-2018 POLICY TERM
EVENT INFORMATION CONTACT		
If this certificate is being requested for an event, please complete the following:		
Name of Event:		
Date of Event:		
CERTIFICATE HOLDER INFORMATION		
Complete the information below for the entity (university, venue, etc.) requesting the certificate from your chapter:		
Name:		
Address:		
City:	State:	ZIP Code:
Check which type of certificate is requested:	<input type="checkbox"/> Certificate of Insurance Certificates of Insurance are provided at no charge.	<input type="checkbox"/> Additional Insured The charge for each additional insured is \$250 minimum and any request received with less than seven days' notice will be assessed an additional \$250. Payment must be received prior to releasing any certificates. any extra expenses incurred for priority handling (Express Mail, Federal Express).  <b>The contract or agreement that stipulates the additional insured requirement MUST be included with this request form.</b>
YOUR INFORMATION		
Name:		
Position:		
Phone:	E-mail:	Fax:

Requests and supporting documentation must be received in our office **30 days** before the certificate is needed.

Please review all contracts with your legal counsel before execution. We do not offer legal advice or draft contractual agreements. We will be pleased to assist your legal counsel in reviewing the risk management considerations of contracts.

**Please send this completed form, and all contracts and agreement, to:**  
[Jennifer Mores, Account Executive, James R. Favor & Company – jennifer@jrfco.com](mailto:jennifer@jrfco.com)