





**American Association of University Women California**

**Request for Certificate of Insurance**

**Event Date**:

**Event Description**:

**Event Location**:

**Expected Event Attendance:**

*(Note that attendance over 500 will require payment of an additional fee and completion of another form which will be emailed to you by PCF Insurance Services)*

**Certificate Holder (Venue) -*Official Name, Address and email/fax of Firm requesting***

***Certificate of Insurance:***

**Name, address, telephone number & email of Branch Representative and the branch requesting the Certificate:**

**Is the requesting firm also required to be added as an additional insured?**

**Signature of Branch Rep: Date:**

Please email to: Daniel@pcfoy.com

Or Mail to: Daniel Roman, PCF Insurance Services, 21300 Victory Blvd. #700, Woodland Hills, CA 91367

Or FAX to: 818-703-0935

Or Call for More Info: 818-703-8057

**If you complete this form on the computer, please save it on your computer then attach the completed form to an email. If you complete it for mailing, please write legibly.**