



**PCF INSURANCE SERVICES**  
License #0L78680 | [pcfoy.com](http://pcfoy.com)  
6200 Canoga Avenue, Suite 325  
Woodland Hills, CA 91367

**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 -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: [Anita@pcfoy.com](mailto:Anita@pcfoy.com)

Or Mail to: Anita L. Zaccaro, PCF Insurance Services, 6200 Canoga Avenue #325,  
Woodland Hills, CA 91367

Or FAX to: 818-703-0935

Or Call for More Info: 747-234-3172

**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.**