



*The Insurance People*

REQUEST FOR INSURANCE CERTIFICATE

Insurance certificate is requested froming, Policy #568674511, as follows:

Certificates cannot be issued without complete information

Name of Garden Club \_\_\_\_\_

Contact Person \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ e-mail \_\_\_\_\_

Location of Event:

Civic Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Date of Event \_\_\_\_\_

Name, Address and Postal Code for the entity requesting the certificate:

Name \_\_\_\_\_

Address \_\_\_\_\_

If fax to go directly to them, their fax number is \_\_\_\_\_

When complete please fax to Zive Insurance 902-423-0949 or mail to the address below.

PLEASE ALLOW 2 WEEKS TURNAROUND.

Office: 5657 Spring Garden Rd., Parklane, Suite 302, Halifax, N.S.  
Mailing Address: P.O. Box 36010 South, Halifax, N.S. B3J 3S9  
Phone: (902) 429-4242, Fax: (902) 423-0949, Toll Free: 1-800-667-4242  
Email: insurance@zive.com

