
SPAAMFAA
Request for a Certificate of Insurance

SPAAMFAA
P. O. Box 2205
Syracuse, NY 13221-2005

Name of requesting Region or Chapter: _____

Chapter contact person for this event: _____

Phone number: (_____) _____ Date of Event: _____

Approximate number of members that will attend: _____

Type of event: _____

Will bleachers be used ? _____

Will you be signing a lease of premise contract? _____
(A copy of the lease or contract must accompany this request.)

Location of the event: _____

Owner of the premises where the event will be held: _____

Certificate requested by: _____

Certificate mailed to: _____

Special Instructions: _____

Date form completed

Mail completed form 30 days in advance of event to:
Potter Emergency Insurance Service
P.O. Box 1967
Cicero, NY 13039-1967