

# Courter Financial Services, LLC

on behalf of James O. Bower Insurance, Inc.

## CEF - Request for Certificate of Insurance

Insured:	Name: _____ Main Address: _____ CEF local Chapter Name: _____
Certificate Holder Requesting COI:	Name: _____ Address: _____ Date Certificate Holder has requested to receive COI: _____
Description of Operations:	Date(s) of Operations/Activities: _____ Please list any and all Operations/Activities/Locations to be involved for the purposes of this Certificate: _____ _____ _____ _____ <i>Note: Please only list operations/activities/locations to be involved if they differ from the normal operations/activities/locations involved in CEF functions (ie: Good News Clubs, Release Times, 5 Day Clubs, etc).</i>
Additional Insured(s):	Name: _____ Name: _____ Name: _____ Special Notes for Additional Insured(s): _____ _____ _____

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*\*\*If you received a written request from the Certificate Holder requesting the COI, please include a copy of that request with this form.

\*\*\*James O. Bower Insurance, Inc. will provide the completed COI to the Insured. The Insured is responsible for submitting the completed COI to the Certificate Holder.

**Please email your completed request to [Jamie@BowerIns.com](mailto:Jamie@BowerIns.com).**