

Courter Financial Services, LLC

on behalf of James O. Bower Insurance, Inc.

JOB_COI - Request for Cert. 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.