

J. C. TAYLOR AGENCIES

J. C. TAYLOR, INC.

REQUEST FOR A CERTIFICATE OF INSURANCE

NATIONAL CLUB: **North American MGB Register**
Terry Allen
291 Taylor Rd
Lexington GA 30648-3113

NAME OF REQUESTING AFFILIATED CLUB:

CLUB CONTACT PERSON FOR EVENT _____

CLUB CONTACT PHONE _____ EMAIL _____

DATE OF EVENT: _____

APPROXIMATE NUMBER OF PEOPLE THAT WILL ATTEND: _____

TYPE OF EVENT: _____

WILL BLEACHERS BE USED? (Check one) YES NO

A COPY OF ANY CONTRACT YOU ARE SIGNING MUST ACCOMPANY THIS REQUEST

LOCATION OF EVENT: ***** ***THIS MUST INCLUDE FULL PHYSICAL STREET ADDRESS*** *****

OWNER OF PREMISES WHERE EVENT WILL BE HELD:

NAME/ADDRESS CERTIFICATE TO BE MAILED TO:

SPECIAL INSTRUCTIONS:

SEND THIS FORM, AT LEAST ONE MONTH PRIOR TO THE EVENT, TO:

EMAIL TO: vicechairman@namgbr.net

Trey Allen — Vice Chairman
North American MGB Register
291 Taylor Rd
Lexington GA 30648-3113

**FOR MORE
INFORMATION: CALL:
484-547-3611**