



Abrams Insurance Agency
Request for Certificate of Insurance

GTO Association of America

P.O. Box 213

Timnath, CO 80547-0213

Name of Requesting Chapter: _____

Phone Number: _____

Date of the Event: _____

Approximate Number of Attendees: _____

Type of Event: _____

Will Bleachers Be Used? Yes No

A copy of any contract you are signing must accompany this request

Please include full physical street addresses below

Location of Event: _____

Owner of the Premises Where This Event Will Be Held: _____

Certificate to Be Mailed To: _____

Special Instructions: _____

Instructions for Delivery

Email

Sonia Abrams: sonia@jabramsins.com

Abrams Insurance