

J.C. Taylor, Inc.

Request for Certificate of Insurance

If you have signed a contract for your event it must accompany this request.

Name and Address of National Club:

Military Vehicle Preservation Association
3305 Blue Ridge Cutoff
Independence, MO 64055

Mailing Address:

PO Box 520378
Independence, MO 64052

Name of Requesting Affiliate Group: _____

Club Contact Person for this Event: _____

Phone number: _____

Date of Event: _____

Approximate # of members attending: _____

Type of Event: _____

Will Bleachers be used?

Yes

NO

(Check one)

(A copy of the contract must accompany this request)

Location of Event: _____

Owner/Organizer of the event or venue: _____

Certificate to be Mailed to: _____

Special Instructions: _____

Forward this form to MVPA-HQ **at least one month prior to your event**

Fax: (816) 833-5115 ✉ E-mail: hq@mvp.org ☎ Phone: (800) 365-5798