



# Proof of Insurance

for DFL Local Unit party functions

## ***Local Unit Contact Information*** (party unit chair, event coordinator, etc.)

\*Requested by: \_\_\_\_\_

\*Party Units: \_\_\_\_\_

\*Street Address: \_\_\_\_\_

\*Phone Number: \_\_\_\_\_

\*E-mail Address: \_\_\_\_\_

## ***Event Information***

\*Event: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*Date of Event: \_\_\_\_\_

\*Time of Event (ex. 1pm-3pm): \_\_\_\_\_

## ***Event Site Contact Information*** (school administrator, scheduler, etc.)

\*Exact Name of Additional Insured: \_\_\_\_\_

(get this from the administrator requesting the insurance certificate)

\*Contact Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

\*E-mail Address: \_\_\_\_\_

Submit to Lindsay Jacobson at DFL headquarters by e-mail: [LJacobson@dfi.org](mailto:LJacobson@dfi.org)

\*Form will not be accepted without this information