

**INSURANCE CERTIFICATE INFORMATION**

**Required information needed to get insurance certificates:**

Name of site: \_\_\_\_\_

Address of site: \_\_\_\_\_

Phone number of site: \_\_\_\_\_

Fax number where certificate is to be sent: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Dates certificates are needed:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Person requesting certificates: \_\_\_\_\_

Contact person's phone number: \_\_\_\_\_

Send information to PFMC Vice President at least two weeks prior to events:

*Barbara Murray*  
PO Box 84  
Dushore PA 18614-0084