



Certificate of Insurance Request Form



Name & address of the National Club: **Classic Thunderbird Club International**
P.O. Box 2053
Mission, KS 66201

Requesting Chapter: _____
Ch. # Ch. Name State

Club Contact Person's Information

Name: _____

Email: _____ Phone: (_____) _____

Address: _____
Street City State Zip

Event Name / Title: _____

Event Date: _____ Type of Event: _____

Will bleachers be used? Yes No Attendee Count (estimate): _____

Will you be signing a lease of premises contract? Yes No
(A copy of the contract must accompany this request.)

Location of the Event: _____
Street City State Zip

Owner of the premises where event will be held: _____

Are you required to provide Additional Insured Party Coverage? Yes No
(List any details under the Special Instructions section of this form.)

Special Instructions (if any): _____

THIS FORM MUST BE SUBMITTED TO THE CTCI OFFICE FOR APPROVAL AT LEAST ONE MONTH PRIOR TO THE EVENT.

DIRECTIONS:

1. Download this form from the website, www.ctci.org, from the Forms section.
2. Fill out electronically, save it, and submit form to the CTCI email, ctcioffice@ctci.org.
3. If a copy of the contract is required, scan and submit to CTCI email.
4. Once the Insurance Request has been approved, an electronic version of the Insurance Certificate will be sent to the Contact Person's email address provided on this form.
5. Print and distribute locally at your convenience.

Any questions regarding CTCI Liability Insurance, please contact the office: (800) 488-2709, ctcioffice@ctci.org.