



# 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](http://www.ctci.org), from the Forms section.
2. Fill out electronically, save it, and submit form to the CTCI email, [ctcioffi\\_ce@ctci.org](mailto:ctcioffi_ce@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: (816) 421-8273, [ctcioffi\\_ce@ctci.org](mailto:ctcioffi_ce@ctci.org).*