



***Request Certificate of Insurance  
Valley Vineyard Christian Fellowship***

***6642 Reseda Blvd.  
Reseda, CA 91335  
818.776.9696 Fax 818.776.8903  
leroychavez@valleyvineyard.org***

What are the dates of the event? \_\_\_\_\_

What is the complete physical location of the event?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will this event be on-going or have a specific start and stop time/date?

\_\_\_\_\_  
\_\_\_\_\_

Briefly describe the activities planned

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Information of the party needing the insurance certificate:

Complete Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Are they requesting to be named as Additional Insured? \_\_\_\_\_

*Please FAX this completed form back to the church office at (818)776-8903 ASAP.*