

Certificate of Insurance Request Form

Name of Association: Platinum Coast Amateur Radio Society

Insured or Club/Chapter Name: _____

Policy Number: RGL-7240698

Name of Officer/Member Requesting Certificate: James R. Long

Address of Officer/Member: P.O. Box 1004

City/State/Zip: Melbourne, Florida 32902

Telephone Number: 321-327-2647 Fax Number: Cell 321-626-1349

Email Address jlong005@cfl.rr.com

1. Is the event sponsored by your group? Yes No

2. Name of event: Melbourne Hamfest Radio Show

3. Your group's function and/or activities for the event: Sponsor

4. Location of the event: Melbourne Auditorium, 625 E. Hibiscus Blvd, Melbourne FL 32901

5. Date of the event/function: 8-10 October 2010

6. Name of entity (including mailing address) requesting proof of liability coverage:

City of Melbourne, 900 E. Strawbridge Ave, Melbourne FL 32901

7. Is the entity requesting to be named as an Additional Insured? Yes No

8. Is the entity requesting specific verbiage or have special requirements? Yes No

If yes, please provide required information with this completed Certificate of Insurance request

form via: Fax-515-365-3005 OR Email-plsdsteam@marshpm.com

9. Is the facility the property owner where the event is being held? Yes No

10. If no, please provide explanation of relationship between your club and the entity requesting Additional Insured status: _____

Signature: James R Long Date: 9/7/10