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**American Association of University Women California**

**Request for Certificate of Insurance**

**Event Date**:

**Event Description**:

**Event Location**:

**Expected Event Attendance:**

*(Note that attendance over 500 will require payment of an additional fee and completion of another form which will be emailed to you by PCF Insurance Services)*

**Certificate Holder (Venue) -*Official Name, Address and email/fax of Firm requesting***

***Certificate of Insurance:***

**Name, address, telephone number & email of Branch Representative and the branch requesting the Certificate:**

**Is the requesting firm also required to be added as an additional insured?**

**Signature of Branch Rep: Date:**

\*Please email to: [cvalentino@pcfoy.com](mailto:cvalentino@pcfoy.com)

Or Mail to:

**Candace Valentino - CWCA**

Account Executive | Property & Casualty | Specialty Cannabis

PCF Insurance Services

21300 Victory Blvd. #700, Woodland Hills, CA 91367

Or Call for More Info:

Direct 747.234.3179 | Office 818.703.8057 ext.152 | Mobile 818.614.8642

**\*If you complete this form on the computer, please save it on your computer then attach the completed form to an email. If you complete it for mailing, please write legibly.**