

Insurance Request form:

Please fill out and return by e-mail or mail

National Campers & Hikers Association

(Family Campers & Rver's)

Request for Certificate of Insurance

Name of Chapter or Group requesting proof of Insurance:

Date, location and address of Event: _____

Name of Entity (land or building owner, municipality etc.,) and that requires

Proof of Insurance: _____

Mailing Address: _____

Phone Number _____ FAX Number _____

EMAIL ADDRESS: _____

Number of copies Required: _____

Name, Address and Phone Number of FCRV Chapter or group member responsible for the event _____

If This Form is Not Filled Out Completely, a Certificate Will Not Be Issued

From: FYI Insurance Agency

7835 Parallel Pkwy

Kansas City, Ks. 66112

PH: 913-334-6100

Fax: 913-788-7058

Contact for Certificates: Jane Alft

Email: jalft@alftinsurance.com