

JOB'S DAUGHTERS INTERNATIONAL
REQUEST FOR LIABILITY INSURANCE

Bethel No. _____ City: _____

Jurisdiction: _____

Requested by (Name): _____

Title: _____

Address: _____

City, State/Province: _____

Zip/Postal Code: _____ Phone Number: _____

Please Check One: → Venue requires Proof of Insurance
 → Venue requires that they be named on an Insurance Rider

Name of Event to be held: _____

Date of Event: _____ Number of participants: _____

Type of Activity: _____

Name of Facility where event will be held: _____

Facility's Address: _____

City, State/Province: _____

Zip/Postal Code: _____

Phone Number: _____

Website: _____

**Please complete and email this form to the Supreme Office
at least 2 weeks prior to your event.
Email: sgc@iojd.org**