

Edgewood Partners Insurance Center (EPIC)
135 Main Street, 21st Floor, San Francisco, CA 94105-5140

Regional Club Name: _____

Date: _____

From: _____

Phone #: _____

Email: _____

Please email or fax this certificate request form to Model A Restorer's Club @
ModelARestorersClub@gmail.com

Certificate Holder*: _____

Description of Event or why certificate is needed (Include location, & brief description):

Coverages Requested: General Liability

OTHER: _____

Additional Insured(s)

Additional Information:

Primary wording: Yes No

Waiver of subrogation on GL: Yes No

Other: _____

Event Underwriting Information

Days of Event _____

Location _____

Estimated Number of
Attendees any one Day _____

Is liquor being provided by
Regional Club _____

Description of Event _____

Any Automobile Rallies _____

Mailing Instructions:

E-mail to cert holder

E-mail Address _____

E-mail to Insured

E-mail Address _____

***Please forward Cert Holder's insurance requirements, contract or event application**

EPIC