



## REQUEST for INSURANCE

### Instructions:

- 1) **FILL OUT** the form below and send to ILR with appropriate fee.
- 2) **MAIL TO: ILR-SD, P.O. Box 8, Kalispell, MT 59903, OR**, if you have credit on your account or would like to pay with a credit card you can fax info to: **(406) 755-3439** or call **(406) 755-3438**, or e-mail to [ilr@lamaregistry.com](mailto:ilr@lamaregistry.com).
- 3) **INSURANCE** company will send insurance info directly to you as directed below.

### REQUEST FOR: [check applicable box(es)]

- Certificate of Insurance (COI)
- Additional Insured (AI) – check box below to indicate which kind
- non-primary & contributory basis (supply reasons for request on bottom of form)
  - primary & non-contributory basis (supply reasons for request on bottom of form)

### REQUESTING ORGANIZATION Information:

**Insured: Members of the International Lama Registry Show Division**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Name of Certificate Holder or Additional Insured person or entity / Name of Event / Date of Event

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ e-mail \_\_\_\_\_

### WHO and HOW should insurance company send COI or AI:

*(Insurance Co., please also fax or pdf to ILR office for our records – 406-755-3439 or ilr@lamaregistry.com. Thank you.)*

Send to PERSON ABOVE by:  Phone  Fax  e-mail

Send to OTHER than person above by:  Phone  Fax  e-mail

Other Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ e-mail \_\_\_\_\_

*This question for AI requests only:*

**Please supply your REASONS for the request to be Additionally Insured? (Required by Insurance company.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### INDICATE appropriate fee and INCLUDE with request:

- Certificate of Insurance & Additional Insured (non-primary & contributory) - \$15
- Additional Insured (primary & non-contributory) - \$115