

THE SOUTH CENTRAL FEDERATION OF MINERAL SOCIETIES ARKANSAS · LOUISIANA · TEXAS

SCFMS CERTIFICATE OF INSURANCE REQUEST FORM

To obtain a certificate of insurance to verify coverage to contract with a venue or landowner for an event, please fill out the following form and fax or email to our insurance agent listed below.

Club Name:			
Contact Name:			_
Contact Phone Numb	er:	Contact Fax Number	:
Email Address:			
Will you need a copy Date of Event:	? □YES □NO		

Name of Facility Req Contact Name: Contact Email Addres	uesting Information:ss:		
Contact Fax Number:	•		
Address:			
City:	ST:	Zip:	
Description of the Ev	ent:		
	,		
	eation is for: Show Fi		Meetings Classes
☐ General Liability	☐ Professional Liability	☐ Workers Compe	nsation
Umbrella	Auto	Other	
FAX OR EMAIL THIS FORM TO OUR INSURANCE AGENT: Beverly Uzzell, Email Address: BUzzell@InsuranceOneAgency.com Insurance One Agency, LC 4411 Old Bullard Road, Suite 500 Tyler, Texas 75703 Phone: 903.526.0208 / Fax: 903.526.0305 She sometimes works at the Overton office, that number is: (903)834-6121 or 1-800-964-0385			

*QUESTIONS? PROBLEMS?

Susan Burch, 936-615-5397, or email scfmseditor@yahoo.com. Note: Text preferred



