

Additional Insured Request Form

Please fax this information to 509-267-0455

Today's date: _____

Event contact person: _____ Hours Available: _____

Contact person phone #: _____ Fax #: _____

Name of organization putting on event: _____

Name of event: _____

Location of event: _____

Beginning date Climb for Fun, Inc. equipment will be on event grounds: _____

Ending date Climb for Fun, Inc. equipment will be on event grounds: _____

Possible Attractions: Rock climbing wall, radar fast pitch booth, bouncy houses.

Name and physical addresses (no PO boxes) of all organizations and persons needing to be listed as an additional insured on the Climb for Fun, Inc. liability insurance policy: (Add sheets if necessary)

Special wordings or conditions: _____
