



Insurance Certificate Request Form

ALSAC/St. Jude Children's Research Hospital

This form is to be used by Epsilon Sigma Alpha members only. If 100% of the proceeds from the fundraising event will go to St. Jude, the hospital has an umbrella insurance policy insuring each chairperson, worker, and facility. If the facility is asking for a certificate of insurance, the ESA chairperson will need fill out the following on this form.

- **Certificate Holder and event information** – This information to reflect the facility where the event will be.

- **ESA Event Chairperson** – Please fill out your contact information.

DO NOT send this form directly to the insurance company. E-mail (esaforstjude@epsilonsigmaalpha.org) or fax (970.223.4456) this form to ESA. ESA and St. Jude will fill in the remaining information and obtain the certificate for you (allow 30 days).

Date: _____ Date Needed: _____	
From: _____	
Region or office: _____	
Address: _____	
City: _____	State: _____ ZIP: _____
E-mail: _____	

To:

Kim Jefferson
Fax: 901.725.3600
Phone: 901.725.4500
kim.jefferson@b-associates.com

-OR-

Shirley Purdon
Fax: 901.725.3600
Phone: 901.725.4500
shirley.purdon@b-associates.com

Certificate Holder	Additional Insured (if applicable)
Name: _____	Name: _____
Address: _____	Address: _____
City: _____ State: _____ ZIP: _____	City: _____ State: _____ ZIP: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____

Event Name: _____
Event Date: _____ Event Time: _____ Event Location: _____
Event Description: _____
Estimated # of participants: _____ Estimated revenue from event: _____
List types of food served: _____ Who will serve food? _____
List types of liquor served: _____ Who will serve liquor? _____
List safety precautions taken, if any. _____
Other comments: _____

ALSAC Coordinator	ESA Event Chairperson
Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Fax: _____	Fax: _____
E-mail: _____	E-mail: _____