



REACT INTERNATIONAL, INC. REQUEST FOR CERTIFICATE OF INSURANCE

PLEASE MAIL OR FAX
THIS REQUEST FORM TO:

THE CIMA COMPANIES, INC.
ATTN: METRO DEPARTMENT
216 S. PEYTON ST.
ALEXANDRIA, VA 22314
FAX #: 703-739-0761
PHONE #: 703-739-9300 or 1-800-768-4200

Team Name: _____ Charter #: _____

Team Contact (REACT Officer/Member requesting the certificate)

- Member Name: _____
- Mailing Address: _____
- City, State, Zip: _____
- Phone #: _____
- Fax # : _____
- E-Mail: _____

Type of Function / Event: _____

Team Sponsored Event? Yes No Estimated Attendance: _____

Date(s) of Event: _____

Location of Event: _____

Description of the REACT Team's Function at the Event:

Company / Individual requesting the Certificate of Insurance:

- Name: _____
- Address: _____
- City, State, Zip: _____
- Phone #: _____
- Fax #: _____

Is the Entity asking to be added as an additional insured? Yes No

(if answered 'yes', you should include a copy of written contractual agreement.)

Note: Normal procedure calls for one copy of the Certificate to be mailed or faxed directly to the entity requesting the Certificate and a second copy mailed or faxed to the REACT member requesting the Certificate. Please note below any changes to this procedure which may be necessary (i.e. Certificate only needs to be faxed to teh REACT Team Member, etc.)

SIGNATURE: _____ Date: _____