

**PGA MEMBERS  
REQUEST FOR CERTIFICATE OF INSURANCE**

E-mail to: [FtLauderdale.certs@marsh.com](mailto:FtLauderdale.certs@marsh.com)

Date of Request:

Member Name

Member Number

Your Phone Number

Your FAX Number - (if applicable)

Your Mailing Address

Your E-mail Address

**Certificate Holder:**

Complete Name of Certificate Holder

Mailing Address

Certificate Holder's Phone Number

Certificate Holder's FAX Number - (if applicable)

Certificate Holder's E-mail Address

Attention:

Please provide instructions as to whom we are to send the certificate to and how we are to deliver this certificate.

Send certificate to:

- Member
- Certificate Holder
- Both Member and Certificate Holder

Deliver by:

- E-Mail
- Regular Mail

Any Special Instructions

If the certificate holder is requesting to be included as an additional insured, please include a comment stating we are to include the certificate holder as an additional insured. **(Include name and address of the Additional Insured if different from Certificate Holder.)**