

NYS High School Officials Coordinating Federation CERTIFICATE OF INSURANCE REQUEST FORM

Please send this request via fax or e mail to your Certificate of Insurance Manager
Ms. April Keefe aprilk@paris-kirwan.com Fax: 585-340-1714
Or back up representative Ms. Cheryl Darling cheryld@paris-kirwan.com

Officials Association Name:

Requested By: _____

Certificate Holder Name and Address:

Attn: _____

Phone #: _____

Fax #: _____

E mail address _____

Mail Copy ___ Yes ___ No

General Liability

Auto Liability

Umbrella Liability

Additional Wording or Special
Requests: _____

If you have any questions, feel free to call our main office at 585-473-8000 or
e mail aprilk@paris-kirwan.com or cheryld@paris-kirwan.com