

JOB'S DAUGHTERS INTERNATIONAL  
REQUEST FOR LIABILITY INSURANCE

Bethel No. \_\_\_\_\_ City: \_\_\_\_\_

Jurisdiction: \_\_\_\_\_

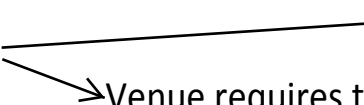
Requested by (Name): \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City, State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please Check One:  Venue requires Proof of Insurance \_\_\_\_\_  
Venue requires that they be named on an Insurance Rider \_\_\_\_\_

Name of Event to be held: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Number of participants: \_\_\_\_\_

Type of Activity: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Facility where event will be held:

\_\_\_\_\_

Facility's Address: \_\_\_\_\_

City, State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Website: \_\_\_\_\_

**Please complete and email this form to the Supreme Office  
at least 2 weeks prior to your event.**

**Email: [sgc@iojd.org](mailto:sgc@iojd.org)**