



**The Valley Vineyard  
Christian Fellowship**

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*I am the Vine, you are the branches.*

**CERTIFICATE OF INSURANCE REQUEST – VIA FAX Ministry Advantage 866-214-6667**

Date: \_\_\_\_\_

Dates of the  
Event: \_\_\_\_\_

Complete physical location of the  
event: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will this event be on-going or have a specific start and stop time/date?  
\_\_\_\_\_  
\_\_\_\_\_

Briefly describe activities planned including number people, number of minors,  
outdoor activities, etc.:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Information of the party needing the insurance certificate:

Complete Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Requesting to be named as Additional Insured? YES

Send confirmation to:  
Leroy Chavez  
Administrator  
818.776.9696 ext 204  
[leroychavez@valleyvineyard.org](mailto:leroychavez@valleyvineyard.org)

cc: file  
FAX to Ministry Advantage at (858)217-1461