



RE: Certificate of Insurance

Dear _____,

Thank you for choosing to host your event here at National College of Natural Medicine (NCNM). In conjunction with our Insurance and Risk Management Program, please furnish us a current copy of your Certificate of Insurance, showing evidence of coverage as follows:

General Liability

\$1,000,000. each occurrence
\$2,000,000. annual aggregate, including Product Liability

Show National College of Natural Medicine as additional insured

Umbrella Liability

\$1,000,000

The certificate should be sent to:
National College of Natural Medicine
Attn: Director of Retail Operations
049 SW Porter Street
Portland, OR 97201

Also, please show that 30 days notice of cancellation will be given to the address as above.

Sincerely,