

# REQUEST FOR CERTIFICATE OF INSURANCE FORM

## \*CHAPTER LIABILITY INSURANCE\*

THIS FORM MUST BE RECEIVED BY THE NAWIC OFFICE AT LEAST TWO(2) WEEKS PRIOR TO THE EVENT  
IN ORDER TO BE PROCESSED. THIS FORM MUST BE FILLED OUT COMPLETELY. TYPE OR PRINT LEGIBLY.

Chapter Name: \_\_\_\_\_ Chapter #: \_\_\_\_\_ Region #: \_\_\_\_\_

Name of Member Requesting Certificate: \_\_\_\_\_

Company: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Daytime Phone Number: (        ) \_\_\_\_\_

Fax Number: (        ) \_\_\_\_\_

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

Does Chapter Sponsor this Event? Yes  No

Name of Event: \_\_\_\_\_

Description of Event / Chapter Function: \_\_\_\_\_

Location of Event: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Estimated Attendance: \_\_\_\_\_

Admission Charge or Donation: \$  Charge  Donation

Is Food or Beverage Sold or Served by Chapter? Sold  Served  No

If Sold or Served provide details: \_\_\_\_\_

Facility Requesting Proof of Liability: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Is facility requesting to be named as additional insured? Yes  No

Special wording or other additional insured to be listed\* Yes  No   
\*This could lead to an additional cost that would be assessed to the chapter. (List Below)

Is certificate to be sent to member or facility? Member  Facility

Signature \_\_\_\_\_ Date \_\_\_\_\_

Submit Request Form to:  
**The NAWIC Office**  
327 South Adams Street - Fort Worth, Texas 76104-1081  
Fax (817) 877-0324