



REQUEST FOR CERTIFICATE OF INSURANCE

Today's Date: _____

Chapter Name: _____

Chapter Contact: _____

Contact Email: _____

Contact Phone: _____

Event

Event Name: _____

Event Date: _____

Event Location & Address:

Entity Requesting Proof of Coverage

Are they requesting to be named as Additional Insured? Yes No

Company/Entity: _____

Address:

Please direct any questions and/or send this completed form to WAI's
Chapter Team at chapters@wai.org.
Please allow 10 business days for receipt of your Certificate of Insurance.