



## 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Please direct any questions and/or send this completed form to Jessi Rowden, WAI's  
Manager of Chapter Relations, at [jrowden@wai.org](mailto:jrowden@wai.org); 719-235-6170.  
Please allow 10 business days for receipt of your Certificate of Insurance.