CERTIFICATE OF INSURANCE (COI) REQUEST FORM

Please use one form per COI request.

CHAPTER INFORMATION

Chapter Name (if applicable) or Policyholder Name:_____
Address: _____
City: _____ State: _____ Zip: _____
Person Completing this Form:_____
Date of Request: _____ Date Needed:_____

Please note that requests that require additional forms may require extra processing time.

CERTIFICATE INFORMATION

- ☐ Landlord
- ☐ Leased Equipment

Lease/Contract No.: _____ Estimated Value of Equipment: _____

- ☐ Special Event / Venue

Name of Event: _____
Date(s) of Event:_____
Event Address: _____
City: _____ State: _____ Zip: _____

Briefly describe the event, and your entity or chapter's role:
_____
_____

- ☐ Other:
  _____
  _____
  _____

If the entity requesting the COI sent a sample COI or a contract, please include each item with the request for quicker and more accurate processing.