

INSURANCE CERTIFICATE REQUEST FORM

Please complete a separate form for each certificate requested.

Name of Event: _____ Date of Event: _____

Location of Event (include street address if available): _____

Type of Event (Dinner, meeting, health fair, etc.): _____

Describe AIChE Participation in Event: _____

Projected number of participants: _____ Number of staff/volunteers working on event: _____

Will alcohol be available Yes No If yes, who will provide/sell? _____

INFORMATION ABOUT REQUIRED CERTIFICATE(S)

Full name and address of organization or entity requiring certificate(s) [NOT AIChE]

*(We will send certificate **TO YOU**, but must show the following certificate holder address on the certificate):*

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

What is this organization's involvement in the event? _____

Required Coverage:

Property _____ General Liability _____ Workers' Compensation _____ Other _____

Is this organization requesting to be named as an Additional Insured? Yes No

If yes, please provide copy of contract: _____

Is this organization requesting to be named as a Loss Payee? Yes No

If yes, describe property and provide value: _____

Provide dates AIChE will have property: _____

Any additional information: _____

INFORMATION ABOUT AIChE

AIChE Division: _____ Local Section: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Contact Person (Please print): _____

Signature: _____ Date: _____