

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

**Mail or Fax request to: Volunteer and Membership Activities (Fax 646-495-1503)**

**3 Park Avenue, 19<sup>th</sup> Floor; New York, NY 10016**

Please allow at least one week to process request.