

APPLICATION FOR ORGANIZATION CERTIFICATE OF INSURANCE FORM

DATE: _____

ORGANIZATION: _____

CHAPTER NAME: _____

CONTACT NAME: _____

EMAIL ADDRESS: _____

MAILING ADDRESS: _____

DAYTIME PHONE: _____ FAX# _____

DATE OF EVENT: _____ HOURS OF EVENT: _____

TYPE OF EVENT: _____

HAVE YOU SIGNED A CONTRACT? _____ IF YES, **SEND A COPY,**

ALSO SEND COPIES OF OTHER CONTRACTS OR INSURANCE REQUIREMENTS.

TO BE HELD (NAME & ADDRESS) _____

CERTIFICATE HOLDER (if different from above): _____

ADDITIONAL INSURED (IF ANY): _____

IS THE EVENT CO-SPONSORED? _____ WITH WHOM: _____

IS DAY CARE PROVIDED: _____ NUMBER OF CHILDREN: _____

HOW LONG: _____

WILL LIQUOR BE SERVED? _____ IF SO, WHO RECEIVES PROCEEDS: _____

IS SECURITY PROVIDED? _____ BY WHOM? _____

IS TRANSPORTATION PROVIDED? _____ WHAT PURPOSE? _____

BY WHOM? _____

NUMBER OF ATTENDEES: _____ MEMBERS: _____ NON-MEMBERS: _____

CHARGE, IF ANY, PER PERSON: \$ _____

BEST TIME TO CALL IF ADDITIONAL INFORMATION IS NEEDED: _____

REMARKS: _____

**CONTRACT(S) FOR THE EVENT MUST BE RECEIVED BEFORE A CERTIFICATE OR
ADDITIONAL INSURED ENDORSEMENT CAN BE ISSUED. PLEASE TRY TO GIVE US
60 DAYS ADVANCE NOTICE. PAYMENT MUST BE RECEIVED PRIOR TO EVENT DATE.
THANK YOU!!**

PROFESSIONAL INSURERS & ASSOCIATES, INC.

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