

REQUEST FOR INSURANCE CERTIFICATE - Revised 1/27/05
(Please Abbreviate State)

Event To Be Sponsored By: _____

Date of Event: _____ Location: _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____

Send Certificate to: Name _____

Address _____ City _____ State _____ Zip _____

Insurance Requested By: _____

Phone: _____ Date: _____

What type of event is this request for? _____

(1) Does the **Chapter** have its own insurance (other than NWTF's)? Yes No

(1a) Can NWTF be named as an additional insured on that policy? Yes No

If no to (1a), can NWTF get proof of insurance for this sponsor? Yes No

(2) What is the business name of the event location? _____

Does this **Premises Location** have its own insurance? Yes No

(2a) Can NWTF be named as an additional insured on that policy? Yes No

If no to (2a), can NWTF get proof of insurance for this venue? Yes No

(3) Is the event **Catered** by a business/catering professional? Yes No

What is the name of the Caterer? _____

(3a) Does this Caterer provide Liquor Liability Insurance? Yes No

If yes to (3a), can NWTF be named as an additional insured by the caterer's policy? Yes No

****You must attach certificates or insurance from location of the event, sponsor and caterers for the event.**

Approved by Insurance Company: Signed _____ Date: _____