

EVIDENCE OF INSURANCE REQUEST

(please allow 45 days for processing)

DATE: _____

Dear GWRRA Officer.

Please complete this form only when the facility, agency, or owner, where you are holding the event, requires a Certificate of Insurance (Evidence of Insurance). This form must be filled out by the Officer planning the event. The second page of this form must be filled out by the facility, agency, or owner. (It is recommended that you photocopy the second page and leave it with them to be completed! When both forms are completed, send them and the appropriate check to the GWRRA International Headquarters in Phoenix for processing.

If either of the two pages are not filled out properly, they will be returned. Please note, we need a minimum of 45 days to process your request. You do not want to risk having your event without the proper insurance coverage. If the facility does not wish to fill out the form, we will accept a letter, on their official letterhead, listing whom the Additional Insureds should be—EXACTLY.

If you have any questions, call Member Services at 1-800-843-9460.

(Remember to print your name and phone number on page 2 before giving it to the facility.)

<p>Officer requesting approval (<i>Please print</i>):</p> <p>Name: _____ Position: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Phone: () _____ Day</p> <p>Activity Description & Purpose: _____</p> <p>_____</p> <p>_____</p> <p>Dates of Activity: _____</p> <p>Location of Activity: _____</p> <p>Event Registration Fee (if any): _____</p> <p>_____</p> <p>If Chapter Activity, Name of Chapter: _____</p>	<p>HOME OFFICE USE ONLY</p> <p>Date Received: _____</p> <p>Date Cert. Mailed: _____</p> <p>Ins. Contact: _____</p> <p>Ck. Amt.: \$ _____</p> <p>Ck. Number: _____</p> <p>Processor's Init: _____</p> <p>Special Note: _____</p> <p>_____</p>
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If Evidence of Insurance is required, remit \$50 for Revenue generating events.
Public Relation events \$10.

Both forms must be received at Home Office 45 days prior to event!