

Requesting Facility To Fill Out This Section

Facility requesting evidence of insurance: _____

Contact Name: _____

Title: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ FAX: _____

Additional Insureds (please list exactly as needed)

Signature

Date

Please return this form to the GWRRA Officer who has requested it.
Thank you for your assistance.

GWRRA Officer's Name: _____

Phone number: _____

Gold Wing Road Riders Association, Inc.

PO Box 42450

Phoenix, Arizona 85080-2450

Phone: 800-843-9460

Fax: 623-581-3844