

**CHAPTER EVENT LIABILITY INSURANCE  
INFORMATION FORM**

**Chapter Information**

Chapter name: \_\_\_\_\_

Chapter address: \_\_\_\_\_

Chapter contact person: \_\_\_\_\_

Chapter contact phone number: \_\_\_\_\_

Chapter contact fax number: \_\_\_\_\_

Mail certificate to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Event Information**

Name of chapter event: \_\_\_\_\_

Date of event: \_\_\_\_\_

Address of event: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and address to whom proof of liability insurance should be provided:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Event coordinator(s): \_\_\_\_\_

Co-sponsor: \_\_\_\_\_

1. What services will you provide at this event? \_\_\_\_\_

2. Does the event coordinator/co-sponsor need to be additionally insured under this policy?  
Yes \_\_\_ No \_\_\_

Date: \_\_\_\_\_ Completed by: \_\_\_\_\_