

FAX OR E-MAIL TO KAREN CAVENDER AT: 803-637-9960 OR kcavender@nwtf.net

REQUEST FOR INSURANCE CERTIFICATE – Revised 08-14-07
(Please Abbreviate State)

**FORM MUST BE COMPLETELY FILLED OUT BEFORE A CERTIFICATE
CAN BE ISSUED**

Chapter sponsoring event _____

Type of Event _____

Date of Event _____ Location _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____

Send Certificate to: Name _____

Address: _____ City _____ State _____ Zip _____

Phone: _____ Fax _____ E-mail _____

Insurance Requested by _____

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 yes 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 yes 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? _____