



REQUEST FOR CERTIFICATE OF INSURANCE

Today's Date: _____

Chapter Name: _____

Chapter Contact: _____

Contact Email: _____

Contact Phone: _____

Event

Event Name: _____

Event Date: _____

Event Location & Address:

Entity Requesting Proof of Coverage

Are they requesting to be named as Additional Insured? Yes No

Company/Entity: _____

Address: _____

Please direct any questions and/or send this completed form to Molly Martin,
WAI's Outreach Director, at mmartin@wai.org; 850-508-8769.
Please allow 3 business days for receipt of your Certificate of Insurance.