



**CHAPTER GENERAL LIABILITY INSURANCE  
REQUEST FOR CERTIFICATE OF INSURANCE**

1. Chapter Name: \_\_\_\_\_
2. Chapter Address: \_\_\_\_\_
3. Person completing this form: \_\_\_\_\_
4. Email address: \_\_\_\_\_
5. Phone Number \_\_\_\_\_ Fax # \_\_\_\_\_
6. Date(s) of Event: \_\_\_\_\_
7. Describe Event: \_\_\_\_\_
8. Location/Address of Event: \_\_\_\_\_
9. Party (Certificate Holder) requesting the certificate \_\_\_\_\_
10. Attn: \_\_\_\_\_
11. Address: \_\_\_\_\_
12. Fax#: \_\_\_\_\_ Email Address: \_\_\_\_\_
13. Is this event sponsored by your group?  
\_\_\_\_\_
14. Is Certificate Holder requesting to be named as an additional insured?  
\_\_\_\_\_
15. Have you entered into any signed agreement or contract with the Certificate Holder? \_\_\_\_\_ Please forward the insurance portion of the contract/

Please return completed form to:

Hays Companies  
1025 Thomas Jefferson St. NW, Suite 425W  
Washington, DC 20007  
ATTN: Randy Miller or Rebecca Mesfin  
Email: [rmiller@hayscompanies.com](mailto:rmiller@hayscompanies.com)  
[rmesfin@hayscompanies.com](mailto:rmesfin@hayscompanies.com)

Toll-Free (800) 647-4297 Fax: (202) 263-4028