



ASAE-Endorsed Association Office Package Certificate of Insurance Request Form



Date of Request: _____

Person Completing this Form: _____

Email Address: _____

Phone #: _____

Named Insured: _____

Chapter Name _____

If Applicable

Address: _____

Describe Event: _____

Event Questionnaire may be required

Date(s): _____

Location/Address: _____

Certificate Holder (Party Requesting the Certificate – Not you, you are the Insured):

Attn: _____

Address: _____

Email Address: _____ Phone: _____

Have you entered into any signed agreement or contract with the Certificate Holder? Yes* No

Additional Insured Requested: Yes* No (ADDITIONAL CHARGES MAY APPLY)

*** If "Yes", please provide us with the insurance portion Only of the contract so that we may review it. Without a contract, we cannot add the Additional Insured or any other special wording.**

PLEASE ALLOW AT LEAST 48 HOURS TO PROCESS THIS REQUEST.

Remit this form to your Account Manager:
WendyAnn.Henry@affinitynonprofits.com

*Aon Association Services
A Division of Affinity Insurance Services, Inc.
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