

**AMERICAN CHEMICAL SOCIETY
REQUEST FOR CERTIFICATE OF INSURANCE**

(Please PRINT legible or TYPE)

NAME OF
EVENT/PURPOSE: _____

LOCATION: _____

DATE(S): _____

EVENT SPONSOR'S CONTACT INFORMATION:

NAME: _____

NAME OF LOCAL SECTION OR
DIVISION, IF APPLICABLE: _____

PHONE NUMBER: Business: _____ Fax Number: _____
E-Mail Address: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

NOTE: Address not needed if sponsored by ACS (ACS does not include Divisions or Local Sections).

HOTEL, UNIVERSITY, OR ESTABLISHMENT REQUESTING A CERTIFICATE OF INSURANCE:

(Also known as the "Certificate Holder" on the Certificate of Insurance)

Certificate Holder
Name(s), Street
Address or POB
Information: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT: _____ E-Mail Address: _____

PHONE NUMBER(S): Business: _____ Fax: _____

Did the "Requesting Party" ask to be a "Named Insured?" YES _____ NO _____

If "YES", specify the additional named insureds:

ADDITIONAL INFORMATION: Please attach a description (or brochure or flyer) of the event being held and any lease/contractual agreements related to this event. Questions? Contact Peggy Jones at (202) 452-2125.

Submit this form by fax to (202) 872-6325 or mail to:

American Chemical Society
Office of the Treasurer
Attn: Peggy Jones, Room 341
1155 16th Street, NW
Washington, D.C. 20036