

AMERICAN CHEMICAL SOCIETY REQUEST FOR CERTIFICATE OF INSURANCE

(Please **PRINT** legibly or **<u>TYPE</u>**) A request form should be completed and submitted to the ACS

Treasurer's Office at least 30 days prior to the event

NAME	OF	EVENT:

LOCATION:

DATE(S):

ESTIMATED NUMBER OF ATTENDEES:

EVENT SPONSOR INFORMATION:

NAME:

ACS LOCAL SECTION or DIVISION SPONSORING EVENT:

PHONE NUMBER:

EMAIL:

CERTIFICATE HOLDER INFORMATION: (The party requesting the Certificate of Insurance from ACS)

NAME:

STREET ADDRESS:

CITY:		STATE:	ZIP:		
CONTACT NAME:		EMAIL ADDRESS:			
PHONE NUMBER(S):	BUSINESS		FAX		
Did the Certificate Holder ask to be an "Additional Insured"?YESNOIf "YES", you must provide a contract or agreement stating the					
Certificate Holder's insurance requirements.					
ADDITIONAL INFORMATION: Please attach a description of the event and any lease/contractual agreements related to this event. Questions? Email BusinessInsurance@acs.org.					
Submit form via email to BusinessInsurance@acs.org or it can be sent by mail to:					
American Chemical Soci Office of the Treasurer Attn: Michelle Watts, Roc					

1155 16th Street, NW Washington, D.C. 20036