



**ASAE Endorsed Association Office Package
Certificate of Insurance Request Form**

Date of Request: _____
 Person Completing this Form: _____
 Email Address: _____
 Phone #: _____

Named Insured: _____

Chapter Name & Policy # SPP3430180
 If Applicable _____

Address: _____

Describe Event: _____
 Event Questionnaire may be required

Date(s): _____

Location/Address: _____

Certificate Holder

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)

*** Without a contract, we cannot add the Additional Insured or any other special wording.**

Certificate Distribution

Email copy to:	Another method of delivery:
<input type="checkbox"/> Certificate Holder	<input type="checkbox"/>
<input type="checkbox"/> Person completing this form	

PLEASE ALLOW AT LEAST 48 HOURS TO PROCESS THIS REQUEST.

PLEASE COMPLETE AND RETURN TO:

Michelle Evans, Assistant Vice President
Michelle.Evans@affinitynonprofits.com

Aon Association Services
A Division of Affinity Insurance Services, Inc.
1120 20th Street, N.W., 6th Floor
Washington, D.C. 20036-3406

Direct: 202-862-5398 • Fax: 847-953-2670