

Alzheimer's Association Greater Wisconsin Chapter

Certificate of Insurance (COI) Request

Please complete and submit to Development Director as soon as you know a Certificate of Insurance is requested. Most public facilities do request this certificate.

Submitted by: _____

Date: _____ Phone: _____

Name of Event: _____

Date of Event: _____
(Include set up and take down days)

Specific Address of Event: _____

City, State, Zip: _____

Facility Contact Person Name: _____

Facility Contact Person Phone: _____

Does Facility Require to be Named as Additional Insured? Yes _____ No _____

Send Certificate to: Me _____ Facility Contact Person _____

Additional comments: _____
