

**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