



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

(Please PRINT legibly or TYPE)

**NAME OF EVENT:** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_  
\_\_\_\_\_

**DATE(S):** \_\_\_\_\_

**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"?** YES \_\_\_\_\_ NO \_\_\_\_\_  
If "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? Contact Sullivan Maciag at (202) 872-4416.

**Submit form by fax to (202) 872-6325, via email to s\_maciag@acs.org or it can be sent by mail to:**

American Chemical Society  
Office of the Treasurer  
Attn: Sullivan Maciag, Room 337  
1155 16th Street, NW  
Washington, D.C. 20036