



GWTA

Destination Friendship

Director's Request for Event Liability Coverage

Rev. 1/11/10

Note: This form is for the use of GWTA directors to acquire liability insurance through GWTA for sanctioned GWTA events, if such coverage is required by a third party as a condition to hold an event.

INFORMATION MUST BE COMPLETE.....FORM SHOULD BE SUBMITTED 60 DAYS IN ADVANCE OF EVENT DATE.

Please type or print clearly.

Requesting director information:

Director Name _____ Date _____

Address _____

City _____ State/Province _____ Zip/Postal _____

Day Phone () _____ Night Phone () _____ Chapter _____

GWTA Event Information:

Event Date _____ Location _____

Type of event (Mall Show, Fun Run, etc.) _____

Purpose of event (Fundraiser, fun, etc.) _____

Event Sponsor (Region, State/Province, Chapter, etc.) _____

Entity Requesting Evidence of Liability Coverage:

Please be complete; ask responsible party for information required to appear on binder.

Company Name, Business Name, etc. _____

Responsible Individual's Name _____ Position/Title _____

Mailing Address _____

City _____ State/Province _____ Zip/Postal _____

Business Phone (include area code) () _____ After hours phone if available () _____

Certificate will be mailed directly to the additional insured.

IMPORTANT: THE REQUESTING DIRECTOR SHOULD:

1. Review this form for accuracy and completeness.
2. Send completed form to region director for approval.

Regional Office:	<input type="checkbox"/> Form Completed	<input type="checkbox"/> Authorized by RD	
Region Director's Signature: _____	Date: _____		
National Office:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> Sent to Insurance Company
Processed by: _____	Date: _____		