

REQUEST FOR CERTIFICATE OF INSURANCE

TO: BBT/KDC INSURANCE
FAX: (251) 438-9805
PHONE: (251) 438-9800
Email: dmathis@bbandt.com

Certificate will be provided for GENERAL LIABILITY POLICY # 42UEGRT9951 only – to be used to cover chapter for liability in connection with conferences and special events.

FROM: Association of Fundraising Professionals -
Chapter Name **North Central Ohio** Today's Date _____

Date Certificate Needed _____

Purpose of Certificate _____

Contact Name & Telephone #: _____

CERTIFICATE HOLDER (Example: Hotel/convention center requesting proof of coverage)

NAME OF ORGANIZATION: _____

ATTENTION OF: _____

ADDRESS: _____

FAX #: _____ TELEPHONE # _____

EMAIL ADDRESS: _____

Is certificate to be sent by Fax ___ Email ___ U.S. Mail ___ (Please check one)

Must the above entity be named as an additional insured? ___ Yes ___ No

***Do not offer this – to be requested only if specifically required by contract)**

PLEASE NOTE ANY SPECIFIC REQUIREMENTS OR INSTRUCTIONS:

Show chapter name in description

UNLESS OTHERWISE INSTRUCTED, ORIGINAL CERTIFICATE WILL BE EMAILED TO THE VENDOR (CERTIFICATE HOLDER) WITH A COPY EMAILED TO INTERNATIONAL HEADQUARTERS. IF YOU REQUIRE A COPY FOR THE CHAPTER FILE, PLEASE COMPLETE ONE OF THE SECTIONS BELOW – BE SURE TO INCLUDE CHAPTER NAME ALONG WITH THE INDIVIDUAL'S NAME.

- Email chapter copy of certificate to:
NAME: _____ **info@afpnco.org**
EMAIL ADDRESS: _____
- Fax chapter copy of certificate to:
NAME: _____
FAX #: _____
- Mail chapter copy of certificate to:
NAME: _____
ADDRESS: _____