



GWTA

Destination Friendship

Director's Request for Event Liability Coverage

Rev. 12/19/12

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. Additional fees will be required and will vary depending on the venue and number of days and will be determined by the insurance company. Contact your Region Director or the National Office for a quote.

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:

Form Completed

Authorized by RD

Region Director's Signature: _____ Date: _____

National Office:

Approved

Denied

Sent to Insurance Company

Processed by: _____ Date: _____