



Gold Wing Touring Association

Destination Friendship

Director's Request for Event Liability Coverage

| Office Use | |
|----------------|--------|
| A | A |
| D | D |
| State/Province | Region |

Rev. 1/18/08

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 the event.

INFORMATION MUST BE COMPLETE FORM SHOULD BE SUBMITTED 90 DAYS IN ADVANCE.

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 (Fund Raiser, 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. Attach to this form a check for \$125, for each additional insured being requested, payable to GWTA.
3. Send completed form and check to your regional director.

REGIONAL OFFICE:

Form Complete

Check Attached

Authorized by RD

Regional Director's Signature: _____ Date _____

CENTRAL OFFICE:

Approved

Denied

Sent to Insurance Company

Processed by: (name and title) _____ Date _____