

# CERTIFICATE OF INSURANCE REQUEST FORM

PLEASE PRINT OR WRITE CLEARLY

Date Of Request: \_\_\_\_\_

Person Completing this form: \_\_\_\_\_

Named Insured: \_\_\_\_\_

Chapter Name: \_\_\_\_\_

Address: \_\_\_\_\_

Fax No.: (\_\_\_\_) \_\_\_\_\_

Tel. No.: (\_\_\_\_) \_\_\_\_\_

Name of Event: \_\_\_\_\_

Description of Event:  
\_\_\_\_\_

Date/s: \_\_\_\_\_

Location/Address: \_\_\_\_\_

Entity requesting proof of coverage (not you, you are the Named Insured)

Name of Certificate Holder: \_\_\_\_\_

Attn: \_\_\_\_\_

Address: \_\_\_\_\_

Fax No.: (\_\_\_\_) \_\_\_\_\_

Tel. No.: (\_\_\_\_) \_\_\_\_\_

Yes  No Does the Certificate Holder require special coverage, such as Additional Insured?

**ADDITIONAL INSURED – YOU SHOULD AVOID ADDING ANOTHER PARTY AS AN  
ADDITIONAL INSURED WHEN POSSIBLE.**

*We can verify that you have insurance coverage without adding another party as an insured.*

Yes  No If you have entered into any written agreement, contract or permit, A copy of the document(s) or contract Must be provided to us with this certificate request. If it is not provided, the certificate cannot be issued.

Yes  No Mail the original certificate directly to the Certificate Holder?

A copy will be emailed or faxed to you unless otherwise requested.

PLEASE ALLOW AT LEAST 48 HOURS TO PROCESS THIS REQUEST.

PLEASE COMPLETE AND RETURN TO:

Laura Ohrenberg, Office Manager  
The Ninety-Nines, Inc.  
International Organization of Women Pilots  
4300 Amelia Earhart Drive, Suite A  
Oklahoma City, OK 73159  
405-685-7969, 800-994-1929, 405-685-7985 (Fax)