



### Volunteer Chapter Certificate of Insurance Request

(Update 2/9/22)

Event Date \_\_\_\_\_ Event Type \_\_\_\_\_

Event Location [Name + Address] \_\_\_\_\_

Expected Attendance \_\_\_\_\_ Amount of Contribution \_\_\_\_\_

Have you received a request for a Certificate of Insurance?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, from whom? \_\_\_\_\_

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

President's Name + Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Treasurer's Name + Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signatures: President \_\_\_\_\_

Treasurer \_\_\_\_\_

\* One or both must sign

**Important:**

Please submit request **one month** in advance of event to:

**Freedoms Foundation**

**Fax:** 610.935.0522

ATT.: Bonnie Anderson

1601 Valley Forge Rd., Box 67

Valley Forge, PA 19481-0067

- OR - email: banderson@ffvf.org

**As a Chapter Officer, read the contract** before you enter into an agreement with a facility to hold your event, and, if you don't like the level of responsibility you are being held to, try to get the wording in the contract changed before you sign it. Please note that the additional insured wording in the insurance policy will cover the additional insured's designated as long as there is a written contract between the chapter and the facility. If at any time you are unsure about signing, please forward the agreement to headquarters for review.