

EVIDENCE OF INSURANCE REQUEST

(please allow 30 days for processing)

DATE: _____

Dear GWRRA Officer.

Please complete this form only when the facility, agency, or owner, where you are holding the event, requires a Certificate of Insurance (Evidence of Insurance). This form must be filled out by the Officer planning the event. The second page of this form must be filled out by the facility, agency, or owner. (It is recommended that you photocopy the second page and leave it with them to be completed! When both forms are completed, send them and the appropriate check to the GWRRA International Headquarters in Phoenix for processing.

If either of the two pages are not filled out properly, they will be returned. Please note, we need a minimum of 30 days to process your request. You do not want to risk having your event without the proper insurance coverage. If the facility does not wish to fill out the form, we will accept a letter, on their official letterhead, listing whom the Additional Insureds should be—EXACTLY.

If you have any questions, call Member Services at 1-800-843-9460.

(Remember to print your name and phone number on page 2 before giving it to the facility.)

Officer requesting approval (<i>Please print</i>):
Name: _____ Position: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: () _____ Day () _____
Activity Description & Purpose: _____

Dates of Activity: _____
Location of Activity: _____
Event Registration Fee (if any): _____
If Chapter Activity, Name of Chapter: _____

Home Office Use Only
Date Received: _____
Date Cert. Mailed: _____
Ins. Contact: _____
Ck. Amt.: \$ _____
Ck. Number: _____
Processor's Init: _____
Special Note: _____

If Evidence of Insurance is required, remit \$85 for Revenue generating events.
Public Relation events \$30.

Both forms must be received at Home Office 30 days prior to event!

Requesting Facility To Fill Out This Section

Facility requesting evidence of insurance:

Contact Name: _____

Title: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip _____

Business Phone: _____ FAX: _____

Email: _____

Please list additional insured's exactly as needed. ***Must specify landowner/sponsor.***

Signature

Date

Please return this form to the GWRRA Officer who has requested it.
Thank you for your assistance.

GWRRA Officer's Name: _____

Phone number: _____

Email: _____

Gold Wing Road Riders Association, Inc.

PO Box 42450

Phoenix, Arizona 85080-2450

Phone: 800-843-9460

Fax: 877-348-9416