



ASAE-Endorsed Association Office Package Certificate of Insurance Request Form



Date of Request: _____

Person Completing this Form: _____

Email Address: _____

Phone #: _____

Named Insured: _____

Chapter Name _____

If Applicable

Address: _____

Describe Event: _____

Event Questionnaire may be required

Date(s): _____

Location/Address: _____

Certificate Holder

Attn: _____

Address: _____

Email Address: _____ Phone: _____

Have you entered into any signed agreement or contract with the Certificate Holder? Yes* No

Additional Insured Requested: Yes* No (ADDITIONAL CHARGES MAY APPLY)

*** Without a contract, we cannot add the Additional Insured or any other special wording.**

Certificate Distribution Instruction

Email copy to:

Certificate Holder

Person completing this form

Alternate method of delivery:

PLEASE ALLOW AT LEAST 48 HOURS TO PROCESS THIS REQUEST.

Remit this form to your account manager:

*Aon Association Services
A Division of Affinity Insurance Services, Inc.
1120 20th Street, N.W., 6th Floor
Washington, D.C. 20036-3406*

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