

Please use fillable Adobe PDF document.

HAVE THE CONTRACT(S)/AGREEMENT(S) FOR THIS EVENT BEEN REVIEWED BY:

DIRECTOR OF MEETINGS (Diana Forbes) PRIOR TO CONTRACT/AGREEMENT SIGNATURE?

DIRECTOR OF MEETINGS (Diana Forbes) PRIOR TO OPENING EVENT REGISTRATION?

**NOTE: A COI WILL NOT BE ISSUED IF THE CONTRACT/AGREEMENT HAS NOT BEEN REVIEWED BY DIANA.**

TODAY'S DATE: \_\_\_\_\_

CHAPTER OR BRANCH NAME: \_\_\_\_\_

CONTACT NAME AT CHAPTER/BRANCH: \_\_\_\_\_

CONTACT'S EMAIL: \_\_\_\_\_ CONTACT'S PHONE # \_\_\_\_\_

NAME OF EVENT: \_\_\_\_\_

DATE(S) OF EVENT: \_\_\_\_\_ *Note: COIs can not be issued for event dates beyond the current FY.*

VENUE NAME: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

**ENTITY (VENUE) REQUESTING CERTIFICATE OF INSURANCE (COI) (NOT YOUR CHAPTER OR BRANCH)**

*This information should come from the insurance clause of the contract or sample COI provided by venue.*

NAME TO BE REFLECTED AS CERTIFICATE HOLDER ON COI: \_\_\_\_\_

ATTN: \_\_\_\_\_

FULL ADDRESS: \_\_\_\_\_

DOES THE CERTIFICATE HOLDER REQUIRE ADDITIONAL INSURED LANGUAGE ON THE COI?

Additional Insured Language: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NOTE: IF THE VENUE CONTRACT DOES NOT REQUIRE A COI BUT ONLY NEEDS PROOF/EVIDENCE OF INSURANCE, PLEASE SKIP PAGE 2, AND PROCEED TO THE TOP OF PAGE 3.

NOTE: IF THE VENUE CONTRACT DOES NOT REQUIRE A COI **OR** PROOF OF INSURANCE **AND** YOU ARE HOLDING A SPECIAL HIGH RISK EVENT (SEE DEFINITION ON PAGE 2), PLEASE SKIP PAGE 2 AND PROCEED TO BOTTOM OF PAGE 3.

1. Is the event organized solely by the Chapter/Branch?

2. IF answer to #1 is NO, please list the co-sponsors & attach their insurance certificates.

Co-Sponsor: \_\_\_\_\_

Co-Sponsor: \_\_\_\_\_

3. Does this event qualify as a **Special High Risk Event** (see below)?

**Special High Risk Events:** Roadeo or the operation of heavy equipment, axe throwing, archery, clay shooting, gun ranges or any events including guns. Does NOT include meetings, educational conferences, golf outings or holiday parties.

**Special Event Description:** \_\_\_\_\_

- If a Special High Risk Event, the additional insurance premium will be billed to the Chapter/Branch.

4. Will the Chapter/Branch be providing transportation to and from the Venue?

5. Does the Chapter/Branch have exclusive access to the Venue?

Did you attach a copy a copy of the following (if applicable)?

- Contracts/Agreements
- Sample Certificate of Insurance (if provided by venue)
- Additional insured information (if can't fit in space provided above)
- Co-Sponsor's Insurance Certificates (if applicable)

Waiver to be signed by participants for Special High Risk Events

[Waiver Form](#)

- Maintain signed waivers for one year after the event.

**Allow as much time as possible for processing (at a minimum, allow at least 10 business days);  
return to [finance@apwa.net](mailto:finance@apwa.net); call the Controller at 816-595-5279 with questions.**

**NOTE: COMPLETE THIS SECTION OF PAGE 3 IF THE VENUE CONTRACT DOES NOT REQUIRE A COI,  
BUT DOES REQUIRE PROOF/EVIDENCE OF APWA'S INSURANCE.**

**PROOF/EVIDENCE OF INSURANCE REQUEST**

DATE: \_\_\_\_\_

CHAPTER OR BRANCH NAME: \_\_\_\_\_

CONTACT PERSON AT CHAPTER/BRANCH: \_\_\_\_\_

CONTACT'S EMAIL: \_\_\_\_\_ CONTACTS PHONE: \_\_\_\_\_

NAME OF EVENT: \_\_\_\_\_

IS THIS A SPECIAL HIGH RISK EVENT?

DATE(S) OF EVENT: \_\_\_\_\_ *Note: Can not be issued for event dates beyond the current FY.*

VENUE NAME: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

**REPORTING OF SPECIAL HIGH RISK EVENT TO APWA ONLY**

**NOTE: COMPLETE THIS SECTION IF THIS IS A SPECIAL HIGH RISK EVENT (SEE DEFINITION ON PAGE 2)  
AND THE VENUE IS NOT REQUESTING PROOF/EVIDENCE OF INSURANCE OR CERIFICATE OF INSURANCE.**

DATE: \_\_\_\_\_

CHAPTER OR BRANCH NAME: \_\_\_\_\_

CONTACT PERSON AT CHAPTER/BRANCH: \_\_\_\_\_

CONTACT'S EMAIL: \_\_\_\_\_ CONTACTS PHONE: \_\_\_\_\_

NAME OF EVENT: \_\_\_\_\_

IS THIS A SPECIAL HIGH RISK EVENT? SPECIAL EVENT DESCRIPTION: \_\_\_\_\_

DATE(S) OF EVENT: \_\_\_\_\_

VENUE NAME: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_