

REQUEST FORM FOR PROOF OF INSURANCE

Please Use This Form Only & Fax/Mail/Email 2 weeks prior to your event

Name of Event: _____ **Date of Event:** _____

Location of Event: _____

Local League Contact Information:

Name: _____

Local League: _____

Phone: _____ Email: _____ Fax: _____

Does your Local League require an additional copy of the insurance certificate?

YES NO

Organization requesting a copy of proof of insurance? (e.g. Public Library, Board of Education)

Certificate Holder: _____

Address: _____

Name of Contact Person: _____

Email Address of Contact Person: _____

LWVNJ
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Trenton, NJ 08608
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email: contact@lwvnj.org