



**AMERICAN CHEMICAL SOCIETY
REQUEST FOR CERTIFICATE OF INSURANCE**

(Please **PRINT** legibly or **TYPE**)

A request form should be completed and submitted to the ACS
Treasurer's Office at least 30 days prior to the event

NAME OF EVENT:

LOCATION:

DATE(S):

ESTIMATED NUMBER OF ATTENDEES:

EVENT SPONSOR INFORMATION:

NAME:

ACS LOCAL SECTION or DIVISION SPONSORING EVENT:

PHONE NUMBER:

EMAIL:

CERTIFICATE HOLDER INFORMATION: (The party requesting the Certificate of Insurance from ACS)

NAME:

STREET ADDRESS:

CITY:

STATE:

ZIP:

CONTACT NAME:

EMAIL ADDRESS:

PHONE NUMBER(S):

BUSINESS

FAX

Did the Certificate Holder ask to be an "Additional Insured"?

YES

NO

If "YES", you must provide a contract or agreement stating the
Certificate Holder's insurance requirements.

ADDITIONAL INFORMATION: Please attach a description of the event and any lease/contractual
agreements related to this event. Questions? Email BusinessInsurance@acs.org.

Submit form via email to BusinessInsurance@acs.org or it can be sent by mail to:

American Chemical Society
Office of the Treasurer
Attn: Michelle Watts, Room 202
1155 16th Street, NW
Washington, D.C. 20036