

CERTIFICATE OF INSURANCE REQUEST FORM

PLEASE PRINT OR WRITE CLEARLY

Date Of Request: _____

Person Completing this form: _____

Named Insured: The Ninety-Nines, Inc.

Chapter Name: _____

Address: _____

Fax No.: (____) _____ Tel. No.: (____) _____

Describe Event: _____

Date/s: _____

Location/Address: _____

Entity requesting proof of coverage (not you, you are the Named Insured)

Name of Certificate Holder: _____

Attn: _____

Address: _____

Fax No.: (____) _____ Tel. No.: (____) _____

Yes No Does the Certificate Holder require special coverage, such as Additional Insured?

**ADDITIONAL INSURED – YOU SHOULD AVOID ADDING ANOTHER PARTY AS AN
ADDITIONAL INSURED WHEN POSSIBLE.**

We can verify that you have insurance coverage without adding another party as an insured.

Yes No If you have entered into any written agreement, contract or permit, A copy of the document(s) or contract **Must be** provided to us with this certificate request. If it is not provided, the certificate cannot be issued.

Yes No Mail the original certificate directly to the Certificate Holder?

A copy will be emailed or faxed to you unless otherwise requested.

PLEASE ALLOW AT LEAST 48 HOURS TO PROCESS THIS REQUEST.

PLEASE COMPLETE AND RETURN TO:

Laura Ohrenberg, Office Manager
The Ninety-Nines, Inc.
International Organization of Women Pilots
4300 Amelia Earhart Drive, Suite A
Oklahoma City, OK 73159
405-685-7969, 800-994-1929, 405-685-7985 (Fax)