National Society of the
Sons of the American Revolution

CERTIFICATE OF INSURANCE REQUEST FORM

State/Chapter: _____

State/Chapter Contact:
Name:_____
Email: _____
Phone:_____

Event Name:_____

Event Dates:_____

Event Location (Physical Address):_____
_____

Requesting Entity: _____

Requesting Entity Address: _____

Does the Entity require that they be listed as an additional insured? _____Yes _____No

Email the completed form to accounting@sar.org. Please be advised that our insurance carrier may take up to _2_ business days to complete and return the Certificate of Insurance.