

Local League Request for Certificate of Liability Insurance

| | |
|---|---------------------|
| | |
| Your name | |
| | |
| Your telephone number | Your e-mail Address |
| | |
| Local League | |
| | |
| Local League Address | |
| | |
| Event | |
| | |
| Date and time | |
| | |
| Event venue/location contact | |
| | |
| | |
| Venue address | |
| | |
| Venue contact e-mail address/telephone number | |
| | |
| | |
| Additional comments or requests | |

Please e-mail, mail or fax this request to
League of Women Voters of Illinois, 332 S. Michigan Ave., Suite 634, Chicago, IL 60604
E-Mail: marys@lwvil.org Fax 312-939-6887