

**AMERICAN SOCIETY OF LANDSCAPE ARCHITECTS CHAPTER INSURANCE
CERTIFICATE REQUEST FORM**

(PLEASE PRINT CLEARLY)

ASLA CHAPTER NAME: _____

CHAPTER ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ FAX: _____

CONTACT PERSON: _____ EMAIL: _____

CERTIFICATE HOLDER NAME: _____

(NAME OF ENTITY REQUESTING THE CERTIFICATE OR PROOF OF COVERAGE- NOT YOUR CHAPTER)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DESCRIPTION OF EVENT: _____

BE SPECIFIC - DESCRIBE YOUR INVOLVEMENT IN THE EVENT. SPECIAL ACTIVITIES SUCH AS PARADES, FIREWORKS, TRACTOR PULLS/ INFLATABLES, ETC. ARE NOT AUTOMATICALLY COVERED AND WILL REQUIRE SPECIAL APPLICATIONS OR INFORMATION IN ORDER TO BE CONSIDERED FOR COVERAGE.

DATE(S) OF EVENT: _____

EVENT LOCATION: _____

NUMBER OF ATTENDEES: _____

DOES THE CERTIFICATE HOLDER NEED TO BE NAMED ADDITIONAL INSURED? _____
(IF SO, PLEASE PROVIDE COPY OF CONTRACT THAT SPECIFIES THIS REQUIREMENT)

SUBMIT THIS FORM TO:

**THE BALDWIN GROUP
ATTN: ANA ZELAYA
20 SOUTH KING STREET
LEESBURG, VA 20175
PHONE: 703-554-6763
FAX: 703-543-0756
EMAIL: ANA.ZELAYA@BALDWIN.COM**

OR

**THE BALDWIN GROUP
ATTN: ROBIN ESHKENAZI
20 SOUTH KING STREET
LEESBURG, VA 20175
PHONE: 240-200-5431
FAX: 703-543-0730
EMAIL: ROBIN.ESHKENAZI@BALDWIN.COM**

