

MOWW® | REQUEST FOR VOLUNTEER INSURANCE FOR MOWW HOSTED EVENT

Patriotic Education Committee (PEC) & Region/Chapter PE Program Coordinators

Submit Email request containing below information no less than 30 days prior to the event.

From: Requester

To: Patriotic Education Committee Chair

Subject: Request for Insurance for _____
Event name with date(s) to be held

PEC Chair or the PEC Chair's name,

We need MOWW Volunteer Insurance and proof of coverage with insurance certificate for the Military Order of the World Wars (MOWW) _____
Event name with date(s) to be held

1. The insurance certificate for this event is to be sent to the venue Point of Contact detailed below.

Name of facility/institution: _____

Facility POC Name: _____

Work title: _____

Full mailing address: _____

Email address: _____

Phone number (Office/cell): _____

2. Please provide a copy of the certificate by email to our MOWW Coordinator/Recipient:

Name: _____

Recipient title for event: _____

MOWW Chapter Name: _____

Email address: _____

Phone number: _____

Requester signature block