

Request for Certificate of Insurance

Chapter Contact Information

Chapter Name: Disabled Sports USA

Chapter Contact: Bill Snyder

Chapter Contact Email: bsnyder@dsusa.org

Chapter Contact Phone: 3012179843

Chapter Contact Alternate Email:

Program/Event Information

Program Start Date: 05/13/2015

Program End Date: 05/13/2015

Name of Program/Event: Honoring America's Wounded Warfighters Dinner 2015

Type of Program/Event: Annual Fundraising Dinner

Safety Equipment or Precautions: N/A

Event Address: 770 Fifth Ave. FL 3, New York, NY 10019

Additionally Insured-Certificate Holder

Name or Company: CPS 5, LLC; Sahara Plaza LLC; and The Board of Managers of the Plaza Condominium and each of their assigns, parent companies, affiliates, subsidiaries, officers, employees and affiliates, partners, directors, agents and representatives

Address: 770 Fifth Ave. FL 3

City: New York

State: New York

Zip:	10019
Additionally Insured's Relationship to Event:	Event Site
Name of Contact for Additionally Insured:	Rob Arango, Director of Client Development
Please provide a copy of the contract, agreement, or permit application that states the insurance requirements	http://www.disabledsportsusa.org/wp-content/The-Plaza-Insurance....pdf
Additional Comments?	<p>Insurance: You agree to maintain commercial general liability insurance with limits for bodily injury, property damage, personal and advertising injury of not less than \$2,000,000 per occurrence. You further agree to name CPS 5, LLC, Sahara Plaza LLC and The Board of Managers of the Plaza Condominium and each of their assigns, parent companies, affiliates, subsidiaries, officers, employees and affiliates, partners, directors, agents and representatives collectively as Additional Insureds. The Additional Insureds shall be included and named on a “primary and non-contributory” basis on each of the policies required herein. Such insurance shall be written by an insurance company authorized to do business in the State of New York, and carry a minimum rating by “Bests Key Rating Guide” of A – 7. You will provide us with a Certificate of Insurance evidencing this insurance coverage. Notwithstanding the above, You agree that any and all of your agents, contractors, producers and suppliers shall be required to maintain the following insurance as well.</p>
Verification	21
<p>Please only click submit ONCE. Attachments may take 30-60 seconds to upload. Thank you!</p>	