



## Liability Insurance Application

To avoid delays in processing, please type or print legibly. **Please complete all fields.**

Affiliate Name (Chapter or State Organization)

Affiliate Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Affiliate Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Event Information

For each event/meeting(s) location please provide the following information.

Name of Event: \_\_\_\_\_

Date(s) of Event/meetings: \_\_\_\_\_

Event Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Estimated Number of Participants: \_\_\_\_\_

Name of Landlord or Property Manager: \_\_\_\_\_

(Person who is requesting the certificate of coverage)

Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Make check payment of \$25 payable to HLAA and send to the address noted below. Please note in the memo area of the check that it is for Liability Insurance.**

Mailing Address:

Hearing Loss Association of America  
Attention: Rini Indrawati  
7910 Woodmont Ave., Suite. 1200  
Bethesda, MD 20814

Questions -Fax/Call/Email

Fax: 301.913.9413  
Phone: 301.657.2248  
[rindrawati@hearingloss.org](mailto:rindrawati@hearingloss.org)

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**The Nation's Voice for People with Hearing Loss**

hearingloss.org ■ 7910 Woodmont Avenue, Suite 1200 Bethesda, MD 20814 ■ 301.657.2248