



Travelers Service Center  
P.O. Box 1564  
Elmira, NY 14902-1564

Phone: (888) 661-3938  
Fax: (888) 872-8921  
Hours: 8:00 AM - 8:00 PM EST Mon. - Fri.  
[www.travelers.com/servicecenter/](http://www.travelers.com/servicecenter/)  
[Service.center@travelers.com](mailto:Service.center@travelers.com)

CAROLINAS ASSOC OF COLLEGES  
CACRAO - PO BOX 20011  
601 SOUTH COLLEGE ROAD  
WILMINGTON, NC 28407

September 30, 2015

THE TRAVELERS INDEMNITY COMPANY OF CONNECTICUT

## URGENT ADDITIONAL INFORMATION NEEDED

Account Number: 3649G0142  
Policy Number(s): 660-9463N768-15  
Transaction Effective Date(s):

Dear Gil Bowen,

We have received a request from you to:

provide a certificate of insurance regarding a sponsored special event.

We are unable to complete the processing of the request because we need the following additional information:

### Special Events Questionnaire

Your business is very important to us and we strive to offer the highest level of customer service. For your convenience you may document the required information on this letter and fax it back to our office. If attaching other documentation, please be sure that the registration number referenced below is included on each attachment.

If you would prefer, you may call us directly at (888) 661-3938 with your responses, including any questions you may have.

We regret that if the requested information is not received within 5 business days we will be unable to process the request.

Sincerely,

Travelers Service Center

Registration Number: 384146724061272

CC: Fred Wheeler, FORREST T JONES COMPANY INC



## SPECIAL EVENTS QUESTIONNAIRE

**Named Insured:** CAROLINAS ASSOC OF COLLEGES

Are you the sponsor of the event? YES  NO

Provide a description of the event (meeting, convention, seminar, reception): \_\_\_\_\_

Provide a description of your activities at the event? \_\_\_\_\_

Location of the event (address): Facility Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Dates of the event (including move-in & move-out): \_\_\_\_\_

Is anyone requesting to be named as an additional insured on your policy? YES  NO

What is their relationship?	Owner of premises where the event is being held?	<input type="checkbox"/>
	Sponsor of the event?	<input type="checkbox"/>
	Other (Explain)	<input type="checkbox"/>

Additional Insured Information: Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Is a certificate of insurance required by another party? YES  NO

What is their relationship?	Owner of premises where the event is being held?	<input type="checkbox"/>
	Sponsor of the event?	<input type="checkbox"/>
	Other (Explain)	<input type="checkbox"/>

Certificate Holder Information: Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

