



DISTRIBUTION OF
MATERIALS -
ORGANIZATION'S
INFORMATION SHEET

Policy No. 4060F
Personnel
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NAME OF ORGANIZATION _____

ADDRESS _____

TELEPHONE NUMBER _____

PRESIDENT _____

CONTACT PERSON _____

FEDERAL TAX NUMBER _____

NON-PROFIT CORPORATION IDENTIFICATION NUMBER _____

DATE INCORPORATED _____

DOES YOUR ORGANIZATION HAVE LIABILITY INSURANCE? YES NO

Brief description of organization's purpose: