County Extension Association
Contract Approval/Certificate of Insurance Request Form
(Please allow 15 days for processing)

All grants, contracts or agreements that will be signed by the President of the County Extension Association, must be reviewed by the Wood Office prior to signing. Attach the original contract to this form for review.

Contracts should be mailed directly to:

P.W. Wood & Son, Inc.
2333 N. Triphammer Rd., Suite 501
P.O. Box 4798
Ithaca, NY 14852

Be sure that the contract lists your **County Extension Association** as the party entering into the agreement. (e.g. Adams County Extension Association)

Date: _____

County: _____ Extension Office Contact: _____

Office Address: _____

_____

_____

Phone: _____ Fax:_____

Description of Event/Activity

Date of event or activity: _____Location: _____

Type of event or activity: _____

Joint venture with other organization(s)? YES _____ NO _____

If yes, please request and attach certificates of insurance for partnering organization(s).

Certificate of Insurance needed? YES _____ NO _____

If yes, issue to: _____

_____

_____

For P.W. Wood Agency Official Use Only

Date Certificate of Insurance was sent: _____

Contract/Agreement approved? YES _____ NO _____

_____ _____

P.W. Wood Representative Signature Date