



REQUEST FOR CERTIFICATE OF INSURANCE

SEND REQUEST TO: wendy@insurance.church

Church/Insured Name: _____

Requested by: _____ Date: _____

Date Certificate Insurance Needed By: _____

REQUESTS MAY TAKE UP TO 10 BUSINESS DAYS TO PROCESS

***** PLEASE ATTACH A COPY OF ANY AGREEMENT, CONTRACT, PERMIT OR APPLICATION FROM THE CERTIFICATE HOLDER INDICATING THEIR INSURANCE REQUIREMENTS.**

Certificate Holder: *(The Certificate Holder is the organization requesting the Certificate from the church):*

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Email: _____

Additional Insured: (Check all that apply):

General Liability Limit _____

Automotive Liability

Worker's Compensation

Property Limit _____

Other _____

Additional Interest:

Mortgage /Lessor

Loss Payee - Leased Equipment / Vehicle

Location _____

Make _____

Building _____

Model _____

Loan # _____

Serial / Vin _____

Loan Amount _____

Agreement # _____

Closing Date _____

Agreement Amt _____

Location _____

Building _____

Event Location/Permit Information: *(All Inflatables are excluded)*

Venue Name _____

Address: _____

City: _____ State: _____ Zip: _____

Event Date/s: _____ Type of Activity: _____