

Corporation of the Catholic Archbishop of Seattle
CERTIFICATE OF INSURANCE REQUEST FORM

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|---|---|--|--------------|--|
| I Please write Name Insured and address of your parish /school or entity name / The insured that is subsidiary (part) of the Diocese | Name of Insured/Church School/Entity | | | |
| | Address | | | |
| | City | | Zip Code | |
| | FAX | | Phone E-mail | |
| II Show the following coverages | <input type="checkbox"/> General Liability <input type="checkbox"/> Auto Liability <input type="checkbox"/> Workers Comp <input type="checkbox"/> Property <input type="checkbox"/> Fidelity/Crime <input type="checkbox"/> Professional Liability <input type="checkbox"/> Other _____ | | | |
| III Certificate Holder (name of the entity requesting you for proof of insurance) IMPORTANT!!! Complete this section to avoid delays | Complete Entity Name | | | |
| | Address | | | |
| | City | | Zip Code | |
| | FAX | | Phone E-mail | |
| IV Respects/Remarks: You should attach a copy of the insurance requirement from the holder or agreement with them. Also you may list location /vehicle/equipment to be insured <u>Specify if this is for a permit.</u> PLEASE PROVIDE ANY DETAILS describing the purpose of this certificate | | | | |
| V Additional Interests/ Special wording for the Certificate Holder Check Applicable Option | <input type="checkbox"/> <u>Additional Insured</u> (if you are required by contract or agreement) <input type="checkbox"/> <u>Loss Payee</u> (If you are required by contract or agreement) | | | |
| VI Delivery methods | Certificate holder: <input type="checkbox"/> by mail <input type="checkbox"/> by fax <input type="checkbox"/> by email Insured (you): <input type="checkbox"/> by mail <input type="checkbox"/> by fax <input type="checkbox"/> by email RENEWAL: Annually <input type="checkbox"/> One Time Only (i. e. event) <input type="checkbox"/> | | | |

Once this form has been completed, please fax it to the attention of Archdiocese Team at Arthur J. Gallagher & Co. in Bellevue, Fax number: 425-451-3716, or email it to Stephen_Erni@ajg.com. If you have any questions, you may contact us at 425-454-3386

Team Members: Stephen Erni, Judy Graf

NOTE: REQUEST FOR CERTIFICATE WILL BE ISSUED APPROXIMATELY WITHIN 48 HOURS UPON RECEIPT