

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

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 **certrequests@ajg.com** and **Ahlai_narcisse@ajg.com**. If you have any questions, you may contact us at 425-454-3386

Team Members: Ahlai Narcisse, Kristen Look, and Julie McCallum

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