## **CERTIFICATE OF INSURANCE REQUEST FORM**



INSTRUCTIONS:			an existing Certif		-	
Submitted By: (Your Personal Info Goes Here)			Coverages To Be Shown on Certificate:			
Name:			General Liabili (Up to a \$1M Lim			cess or Umbrella Liability equired for amounts over \$1M)
Group:			Automotive Liability (Up to a \$1M Limit)			cess Automotive Liability equired for amounts over \$1M)
Email:			Workers' Compensation			cess Workers' empensation
Phone:			Property Professional Liability, (Up to a \$1M Limit) Errors & Omissions			
Preferred Contact: Email Phone			Other:			
Certificate Holder: (Entity Requesting Insurance)			Reason For Request: (Why you need the Certificate)			
Company Name:			Please use this section to describe the event, situation, permit, or contract that requires a Certificate of Insurance to be issued.			
Address:			Description of Event / Contract:			
City, State, Zip:			(Please make note of any specific street address being used)			
Contact Person:			Contract ID, Loan ID, or Serial ID (#):			
Email:			Type of Permit:			
Phone:			Dates of Event:			
Certificate Holder's Requ		Required Location Information				
Evidence of Insurance Coverage ONLY (Certificate is ONLY for Information)		Select an Archdiocese of Seattle location using ONE of the drop-downs.  "Other   Archdiocese of Seattle" can be used as a default.				
Additional Insured Status (Check only when required by contract)		Parish				
Waiver of Subrogation (Check only when required by contract)		School				
Loss Payee (Check only when required by contract)		Other				
Other (Make sure to include a copy of contract)						
Special Conditions to be added on Certificate   Comments or Notes Certificate Renewal						
Add any extra conditions or notes that need to be listed on the Certabove. You must include a copy of the agreement or contract for						
					One-Time Event Only	
			Re	enews Next Year		
HOW TO SUBMIT YOUR REQUEST				DELIVERY INSTRUCTIONS		
Email this completed form, a copy of the contract, application, or agreement, and the original certificate (if applicable). Contact insurance@seattlearch.org				o Certificate He	older	Send copy using the following method:
				Do not send directly		Via Email
			Send dir	Send directly		Via Mail