



CERTIFICATE OF INSURANCE REQUEST

12501 Old Columbia Pike - Silver Spring, MD 20904
OFFICE: 1(888) 951-4276 - FAX: 1(866) 460-8767

RUSH YES NO

▷ ORGANIZATION INSURED:

POLICY #:

LIMIT:

▷ **TYPE OF INSURANCE:** SELECT YOUR OPTION(S) GENERAL LIABILITY PROPERTY HOSPITAL PROPERTY AUTOMOBILE EXCESS LIABILITY WORKERS COMPENSATION

Select additional boxes only if Certificate Holder is requesting proof of additional insurance coverage beyond liability.

▷ **CERTIFICATE HOLDER:** Please note that this would not be your church/school's name, the Certificate Holder is the entity requesting proof of insurance from you.

ORGANIZATION:

ADDRESS:

CITY:

STATE:

ZIP CODE:

CONTACT NAME:

PHONE NUMBER:

▷ **EVENT LOCATION:** *(IF DIFFERENT FROM CERTIFICATE HOLDER)* LOCATION NAME: _____

ADDRESS:

CITY:

STATE:

ZIP CODE:

▷ **ACTIVITY REQUIRING CERTIFICATE:** Please give as much detail as possible of the activities that will take place by your church/school.

BEGINNING DATE (MM/DD/YYYY):

ENDING DATE (MM/DD/YYYY):

ADDITIONAL INSURED: YES NO

SPECIFIC WORDING REQUIRED: Only if requested by Certificate Holder.

SPONSORED BY:

▷ **NEEDED FOR PROPERTY / EQUIPMENT**

VALUE:

SERIAL#:

MODEL#:

LOAN #:

PLEASE EMAIL CERTIFICATE OF INSURANCE TO: USE A SEMICOLON TO SEPARATE E-MAIL ADDRESSES IN CASE YOU NEED TO SEND A COPY OF THE CERTIFICATE OF INSURANCE TO MULTIPLE RECIPIENTES

PLEASE NOTE: CERTIFICATES WILL NO LONGER BE ISSUED BY FAX OR MAIL. PLEASE PROVIDE E-MAIL ADDRESSES OF ANYONE NEEDING TO RECEIVE A COPY OF THE CERTIFICATE.

COMMENTS:

▷ **REQUESTED BY:**
(Your Name)

DATE (MM/DD/YYYY):

ENTER THE NAME OF YOUR CUSTOMER SERVICE REPRESENTATIVE: