

Certificate of Liability Insurance Request Form

Name as it reads on your policy: _____

Certificate Policy Number: _____

Your address: _____

The name and address of the entity/company/organization requesting proof your church or ministry has insurance coverage:

Reason for request of Certificate: Proof of Insurance Additional Insured Other

Describe other: _____

Description of Additional Insured's Request (Attach Contract if Applicable):

If you need a certificate for a certain event, please give a **complete description** of the information below.

Date(s)/Time(s) of Event: _____

Location Address of Event: _____

Participants (Adults, Children, etc): _____

of Participants of Adults, Children: _____

Ages of Children: _____

of Chaperones: _____

Overnight: Yes No

Sleeping/Shower Arrangements-Describe: _____

Will you be providing food and/or beverages? Yes No (If yes, who is preparing the food?)

Liquor Served: Yes No If yes,

Bartender Hired: Yes No

Proof of Bartender's Liquor Liability Insurance Obtained: Yes No

Describe Event in Detail Including All Activities during Event:

To whom should we: Mail Fax or Email original certificate: _____

Would you like a copy? Yes No

Whom should we call with questions?

Phone Number: _____ Email: _____

Date: _____