|  |  |
| --- | --- |
|  |  |
| IIPlease write name of insured and address of your parish/school or entity name / The insured that is subsidiary(part) of the Diocese | Name of Insured/ChurchSchool/entity |  |
|  | Address: |  |
|  |  | City: |  | Zip Code: |  |
|  | FAX |  | Phoneemail |  |
| IIIShow the following coverages |  |
|  |[ ]  General Liability/Auto/WC |
|  |[ ]  Property |
|  |[ ]  Fidelity |[ ]  Professional Liability |
|  |  |
| IV Certificate HOLDER(name of entity requesting your proof of insurance)**IMPORTANT!!! Complete this section to avoid delays** | Complete Entity name |  |
|  | Address |  |
|  |  |  |
|  |  | City |  | Zip Code |  |
|  | FAX |  | Phoneemail |  |
| VRespects/Remarks:You should attach a copy of the insurance requirements from the holder or agreement with them. You may list location/vehicle/equipment to be insuredSpecify if this is a permit.PLEASE PROVIDE ANY DETAILS describing the purpose of this certificate |  |
| VI**Additional Interests/****Special Wording for the Certificate Holder****\*\*Check applicable option** |  |
|  |[ ]  **Additional Insured** (if you are required by contract or agreement) |
|  |  |
|  |[ ]  **Loss Payee** (If you are required by contract or agreement) |
|  |  |
| VIIDelivery Method | Certificate Holder | [ ] by mail | [ ] by fax | [ ] other: |  |
|  | Insured (you): | [ ] by mail | [ ] by fax | [ ] other: |  |
|  | RENEWAL: | Annual[ ]  | One Time only (i.e. event)[ ]  |

Once this form has been completed, please fax it to the attention of **Religious Team** at Arthur J. Gallagher & Co., in Miami,

**FAX NUMBER: 305-592-4049**, if you have any questions, you may contact us at 800-488-3003 or 305-592-6080

Team Members: Virginia, Ampy, Maria Vergho or Tony Abella, Sr.

NOTE: REQUEST FOR CERTIFICATE WILL BE ISSUED APPOXIMATLEY 48 HOURS AFTER RECIEPT