|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | | | | | | | | | | | | | |
| II  Please 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/Church  School/entity | | | |  | | | | | | | | | | |
| Address: | | | |  | | | | | | | | | | |
| City: | | | | |  | | | Zip Code: | |  |
| FAX | | |  | | | Phone  email | | | |  | | | | |
| III  Show 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 | | |  | | | Phone  email | | | |  | | | | |
| V  Respects/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 insured  Specify 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) | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| VII  Delivery 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