

REQUEST FORM FOR CERTIFICATE OF INSURANCE

1. When the other party has required a legal document be signed and wants proof of insurance please send complete, legible copy of (any PERMIT, APPLICATION, CONTRACT, AGREEMENT, LEASE or other) document, so obligations can be determined and fulfilled, as required.
2. Recommended that Chancery review prior to signing, especially when unusual or hazardous activities involved.
3. Written requests will be fulfilled on a priority basis; missing info may cause delays or problems with Certificate Holder.
4. Please request 30 days ahead, but not more than 120 days. (Rushes will be processed as needed)
5. Events where participants engage in physical activity may require Waiver & Release Forms. Please refer to the Stockton Diocese Website.

Client Code: **ROMACAT-12 (See SOP)**

PARISH/SCHOOL/ENTITY: _____

ADDRESS _____

CITY, STATE ZIP _____

Email Address _____

TELEPHONE # _____

FAX# _____

NEW OPERATIONS/PREMISES/CONTRACTS/OR VEHICLES must be reported and insured in order to give "proof" of insurance.

COMPLETE THIS FORM WHEN YOU NEED TO REQUEST PROOF OF INSURANCE [CERTIFICATE OF INSURANCE]; PLEASE PROVIDE THE FOLLOWING INFORMATION:

Describe the activities/operations to be held - the premises/location to be used - the dates this is occurring and the purpose of this activity, or other reason "proof of insurance" is being requested.

IN REGARD TO: _____

CERTIFICATE HOLDER (NOTE: The other party which requires you to give them "proof" of your insurance.)

FULL LEGAL NAME _____

OF CERTIFICATE HOLDER: _____

_____ *check box* If Officers, Agents and Employees are to be Included

ADDRESS _____

CITY/STATE/ZIP _____

ATTN: _____

FAX: _____

E-MAIL: _____

TELEPHONE: _____

SPECIAL INSTRUCTIONS, IF ANY: _____

Complete this document, attach copy of Contract or Agreement & fax to (415) 536-8499:

ARTHUR J. GALLAGHER
RISK MANAGEMENT SERVICES, LLC
Entity License Number: 0D69293
595 Market Street, Suite 2100
San Francisco, CA 94105
Fax: (415) 536-8499

Date Requested _____

Person _____

Title _____

Telephone () _____

E-mail _____

If you have any questions, please contact:
Jesus Aguayo Cerda, Client Service Associate
Tel: (415) 536-4701 Fax: (415) 536-8499
Email: jesus_aguayocerda@ajg.com

**CERTIFICATE WILL BE MAILED TO CERTIFICATE HOLDER WITH COPY TO REQUESTING LOCATION, UNLESS OTHERWISE DIRECTED.
For Coverage questions, call Jesus Aguayo Cerda. For Diocesan policy or questions or forms, please contact the Chancery Office.**

Roman Catholic Bishop of Stockton ROMACAT-12