Certificate of Insurance Request Form
Archdiocese of Denver

Requested by:				
Contact Name:				
Phone:		Email:		

Named insured : Diocesan entity/Church or school only as listed on SOV on file

Complete name:				
Address:				
City:		Zip Code:		
Email:		Phone:		Fax:

Coverages (Only check the applicable options)

☐ Property

Certificate Holder : entity asking for the insurance

Complete name:				
Address:				
City:		Zip Code:		
Email:		Phone:		Fax:

Special interest: (Please attach a copy of one of the following if available: insurance requirement, contract agreement, lease contract)

☐ Proof of Insurance
☐ Additional Insured (if you are required by agreement)
☐ Waiver of Subrogation
☐ Loss Payee (if you are required by agreement)
☐ Other

Remarks: Please provide any details describing the purpose of this certificate (E.g. value of equipment, serial number, event type and date(s), contract number, etc.)

Delivery distribution:

	Email address required	Fax No.
Named insured:		
Certificate holder:		
Other:_____		
Other:_____		

Please forward completed request form to: Arthur J. Gallagher RMS, Inc.(Miami)
Via email: 1) miami.bsd.Diocese_Request@ajg.com Or 2) via fax: 305-716-3293

Processing time, please check: _____ Standard 48 hours upon receipt
_____ Rush (if event will occur in less than 24 hrs.)

If you may have any questions, please contact: Religious Team at 305-592-6080 Or 1-800-488-3003
Annie_Toombs@ajg.com or Virginia_ramirez@ajg.com