## **CERTIFICATE OF INSURANCE REQUEST FORM**



**IMPORTANT** 

INSTRUCTIONS:			an existing Certif	•	•		
Submitted By: (Your Personal Info Goes Here)			Coverages To Be Shown on Certificate:				
Name:			General Liabili (Up to a \$1M Lim	•	Excess or Umbrella Liability (Required for amounts over \$1M)		
Group:				Automotive Liability (Up to a \$1M Limit)  Excess Automotive Liability (Required for amounts over \$1M)			
Email:			Workers' Compensation		cess Workers' empensation		
Phone:			Property (Up to a \$1M Lim	Property Professional Liability, (Up to a \$1M Limit) Errors & Omissions			
Preferred Contact:	Email	Phone	Other:				
Certificate Holder: (Entity Requesting Insurance)			Reason For Request: (Why you need the Certificate)				
Company Name:			Please use this section to describe the event, situation, permit, or contract that requires a Certificate of Insurance to be issued.				
Address:			Description of Event / Contract:				
City, State, Zip:			(Please make note of any specific street address being used)				
Contact Person:			Contract ID, Loan ID, or Serial ID (#):				
Email:			Type of Permit:				
Phone:			Dates of Event:				
Certificate Holder's Requirements			Required Location Information				
Evidence of Insurance Coverage ONLY (Certificate is ONLY for Information)		Select an Archdiocese of Seattle location using the drop-downs. "Other - Archdiocese of Seattle" can be used as a default.					
Additional Insured Status (Check only when required by contract)		Parish					
Waiver of Subrogation (Check only when required by contract)		School					
Loss Payee (Check only when required by contract)		Other					
Other (Make sure to include a co	opy of contract)	Other					
Special Conditions to be added on Certificate			Comments or Notes		Certificate Renewal		
Add any extra conditions or notes that need to be listed on the Cer above. You must include a copy of the agreement or contract							
					Oi	ne-Time Event Only	
			Re	enews Next Year			
HOW TO SU		DELIVERY INSTRUCTIONS					
Email this completed form, a copy of the contract,	TO: DenCerts@Lockton.com CC: ArchSeattle-Certs@Lockton.c  Subject: Certificate of Insurance Request - [Certificate Holder]		Send copy to Certificate Hol directly?		older	Send copy using the following method:	
application, or agreement, and the original certificate			Do not s	Do not send directly		Via Email	
(if applicable).			Send dir	Send directly		Via Mail	