

Certificate of Insurance Request Form

Name as it reads on your policy: _____

Certificate Policy Number: _____

Your address: _____
_____The name and address of the entity/company/organization requesting proof your church or ministry has insurance coverage: _____

Reason for request of Certificate:

Loss Payee Mortgagee Additional Insured Other

Describe other: _____

Mortgage Number: _____ Loan Number: _____

Lease Number: _____

Effective Date: _____

Replacement Cost of Equipment: _____

Description of Property and/or Equipment, including model and serial number **and location address**_____

If you have a letter or document from the leasing company, please provide us with a copy.

Should we delete a piece of equipment or property? Should we delete a loss payee or mortgagee from your policy? Please describe:

_____If you need a certificate for a certain event, please give a **complete description** including the date(s), where it will be held, and who is participating (# of children/adults). Add additional pages to describe if necessary. A copy of publicized events should be attached._____

_____To whom should we Mail Fax or Email original certificate:_____

_____Would you like a copy? Yes No

Whom should we call with questions? _____

Phone Number: _____ Email: _____

Date: _____

Email (Preferred) this request to: CICVTCerts@cp.org or Fax this request to: (802) 753-1385