FLORIDA ÁNNUAL CONFERENCE UNITED METHODIST CHURCH 2007 DEPARTMENT FOR MINISTRY PROTECTION

Requesting Certificate/Evidence of Insurance

Below please find general information and instructions on requesting and completing a certificate or evidence of insurance request form.

- Most certificates/evidence of insurance are issued within 48 hours weekdays. Special request and incomplete forms may take longer to process.
- Please indicate the date you need the certificate as well as the date the form was completed and by whom.
- Make sure to fill in your GCFA number (General Council on Finance and Administration).
- If you are requesting a certificate and/or an evidence of insurance listing a company or person as an additional named insured, then you must attach a copy of the contract requesting such to your request form.
- If you are requesting a certificate or evidence of insurance on a newly acquired piece of property, building, equipment or vehicle please make sure to have the new item added to the policy before making the request for a certificate and/or evidence of insurance. It is the Churches/Schools responsibility to add the new piece of property, building, equipment or vehicle into the new Property and Casualty Data System (Connect) via the conference web site: www.flumc.org
- Certificate holder is the entity requesting the form (Bank, Mortgage, Leasing Company, Group).
- Description/Reason for Certificate/Evidence Indicate why the certificate is necessary (Closing, Event, Leased Equipment).
- If you would like a General Certificate that shows your organization is insured, please write "for information purposes only" in the additional Insured field.
- Note that this policy will not extend Workers Compensation coverage to off duty police officers.
- Any Special Instructions should be added to in the last field.
- For help contact Ana @ 800-282-8011 ext. 126 or at <u>ana_ruiz@ajg.com</u>



THE FLORIDA ANNUAL CONFERENCE UNITED METHODIST CHURCH

2007 CERTIFICATE/EVIDENCE OF INSURANCE REQUEST FORM

Send Completed Form to Fax: 561-892-3982 Or E-Mail To: umcfla@ajg.com

Questions call Ana @ 800-282-8011, Ext. 126 or at ana ruiz@ajg.com.

INSURER INFORMATION

	Need		Completed
GCFA #	by:		by & Date
Church Name:		Fax:	
Phone:		E-Mail:	

Check here if you need a copy of the Certificate/Evidence

PLEASE ISSUE TO THE FOLLOWING

Name of Certificate He	older:				
(Entity requesting pro	of of insurance)				
Holder Address:					
City:			State:	Zip:	
Send to Attention of:					
Fax:		E-Mail:		Phone:	
Does certificate holder	need to be named as:				
Additional Named	Insured (YOU MUST ATTA	CHED A CO	DPY OF THE C	CONTRACT)	
	Mortgagee				
Loan/Lease/Contract #	#:				

REASON FOR REQUEST

Reason for Request/Description of Activities: Certificate of Liability Evidence of Property Both									
Gener	al Liability 🗌 P	roperty/	Equipment 🗌	Event/Activity	Vehicle Wor	kers' Compens	ation 🔲 School/Day Care		
Date(s) of									
Location d	& Activity								
For Prope	erty (Building and	Equipm	ent) Name and	Address:					
For Vehicle:	Year:	м	ake:	Model:		Vin:			
Special W	ording & Conditi	ons:				· ·			
tandard R	equest Fully An	d Prope	erly Complete	d Will Be Process	ed Approximate	ly Within 48	Hours Monday – Friday		

For Internal Use Only – Issue Master For: 🗌 2006-07 All Lines 🗌 2006-07 Property 🗌 Both