

# CLIC CERTIFICATE REQUEST

Questions: call Pat Nacyk at 630-285-4224

**FAX Pat Nacyk**  
**Or Fax # 630-285-4062**  
**Email: pat\_nacyk@ajg.com**

Request Date: \_\_\_\_\_  
*Certificates will be issued within  
24 hours of received date*

Requested by: \_\_\_\_\_  
District # and School: \_\_\_\_\_

District Fax (OR) \_\_\_\_\_  
E-mail address: \_\_\_\_\_

Name & Address of Certificate Holder:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_  
(Either a FAX or Email address is required to issue the certificate)

Certificate Purpose:

\_\_\_\_\_

*If this is for an event, please state type of event, location and date. Please note that event dates cannot exceed policy term expiration date.*

Special Wording: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Coverage Requested – Please Check

General Liability \_\_\_\_\_ Auto \_\_\_\_\_ Property \_\_\_\_\_ Workers Compensation \_\_\_\_\_

Additional Insured Requested (applies to liability only)

Yes \_\_\_\_\_

No \_\_\_\_\_

Loss Payee Requested (applies to property only)

Yes \_\_\_\_\_

No \_\_\_\_\_

Special Mailing or Handling:

\_\_\_\_\_