CERTIFICATE OF INSURANCE REQUEST FORM

I	Archdiocese of Miami			St. Augustine	
Which Diocese?	Orlando			Venice	
	Palm Beach		[]	Pensacola/Tallahassee	
II Please write	Name of insured/Church School/entity				
Name insured and address of your parish / school or	Address				
entity name /The insured that is subsidiary(part) of		City:		Zip code:	
the Diocese /Archdiocese	FAX			Phone E-mail	
III Show the following coverages	 General Liability/Auto/WC Property Fidelity Professional Liability 				
	Complete Entity				
Certificate HOLDER (name of the entity	Complete Entity name				
requesting you for proof of	Address				
insurance)					
IMPORTANT!!! Complete		City:		Zip Code	
this section to avoid delays	FAX			Phone E-mail	
V Respects/Remarks:					
You should attach a copy of the					
insurance requirement from the holder or agreement with them.					
Also you may list location /vehicle/equipment to be					
insured Specify if this is for a permit.					
PLEASE PROVIDE ANY DETAILS describing the purpose of this certificate					
VI					
Additional Interests/ Special wording for the Certificate Holder	Additional Insured (if you are required by contract or agreement)				
**Check applicable option	Loss Payee (If you are required by contract or agreement)				
	Certificate holder: by mail by fax other				
VII Delivery methods	s Insured (you): Dy mail by fax other				
	RENEWAL: Annually One time only (i. e. event)				

Once this form has been completed, please fax it to the attention of Religious Team at Arthur J. Gallagher & Co., in Miami,

Fax number: <u>305-716-3293</u>, if you have any questions, you may contact us at 800-488-3003 or 305-592-6080 Team Members: Virginia, Ampy, Maria or Mr. Abella NOTE: REQUEST FOR CERTIFICATE WILL BE ISSUED APPROXIMATELY WITHIN 48 HOURS UPON RECEIPT

2009-10 REVISED 05-11-09