



CLIENT REQUEST FOR CERTIFICATES OF INSURANCE

DIOCESE OF Orlando Pensacola-Tallahassee
 St. Augustine Venice

Please forward completed form via: EmailMiami.BSD.Diocese_Request@ajg.com Or
Fax To: (305)716-3293

Processing time: Standard- 48 Hrs. upon receipt Rush

Requestor Information:

Named Insured: (Diocesan Location)	
Address:	
City, State, Zip Code:	
Attention:	
Telephone Number:	FAX Number:
Email:	

Certificate Holder Information:

Certificate Holder (name):	
Address:	
City, State, Zip Code:	
Fax	
Email	

Additional Insureds / Interests / Waiver (Check all applicable options)

<input type="checkbox"/> Additional Insured	<input type="checkbox"/> Lessor	<input type="checkbox"/> Waiver of Subrogation
<input type="checkbox"/> Loss Payee	<input type="checkbox"/> Vendor	<input type="checkbox"/> Other:

Coverage (Check all that apply)

<input type="checkbox"/> General Liability	<input type="checkbox"/> Workers Comp & Employers Liability	<input type="checkbox"/> Property
<input type="checkbox"/> Auto Liability	<input type="checkbox"/> Crime	<input type="checkbox"/> Other:

Note: Please attach a copy of the requirements from your customer, vendor, supplier, or other (if available) or type special instructions below:

Delivery distribution

<input type="checkbox"/> Certificate Holder	<input type="checkbox"/> Mail	<input type="checkbox"/> Fax:	<input type="checkbox"/> Email:
<input type="checkbox"/> Named Insured	<input type="checkbox"/> Mail	<input type="checkbox"/> Fax:	<input type="checkbox"/> Email:
<input type="checkbox"/> Other	<input type="checkbox"/> Mail	<input type="checkbox"/> Fax:	<input type="checkbox"/> Email:

Note: Copies will be automatically sent to the Named Insured (location) unless otherwise instructed.