

CERTIFICATE OF INSURANCE REQUEST FOR OTHERS

When entering into various agreements with others such as use of non-Diocesan facilities or submitting applications for funding of programs you may be asked to provide *proof of insurance*. The request for proof of insurance will be provided for all Diocesan related matters by issuing a Certificate of Insurance. Please refer to the following procedures:

- Complete the *Request for Certificate of Insurance for Others* (see form) and direct to our broker representatives Arthur J. Gallagher, in San Francisco, California.
- The Arthur J. Gallagher switchboard is open from 8 a.m. to 5 p.m. Please identify yourself as being with the Diocese of Stockton. If you receive "voice mail" please leave a message giving your phone number and location and your call will be returned.
- Request Certificate of Insurance as soon as you know it is needed. Mail your request to:

Arthur J. Gallagher Insurance Brokers
P.O. Box 7443 • San Francisco, CA 94120
PHONE 1-800-877-9300 • 1-415-546-9300
FAX 1-415-536-8499
Office Hours 8:00 a.m. to 5:00 p.m. Pacific Time

- Within 5 days you will receive a copy of the completed certificate. The original copy is automatically sent to the certificate holder unless the instructions specify different needs. A copy is also sent to the Chancery Office, Finance Department. Please call the above phone number if you have any questions about this procedure.
- In some cases the party requesting proof of insurance asks to have the Diocesan insurance coverage changed to meet their requirements. The most common request is to add them to our policy as an additional insured. Should any change in the coverage be requested then a copy of the contract, lease, use agreement or the written request must be attached to the Certificate Request Form.
- If it is a long document, you only need to send the pages which discuss the "insurance requirements", "hold harmless and/or indemnification clauses" and the page which shows the names of the parties, time period involved and the activity description.
- Occasionally, you may have a request with a shorter time requirement than can be met with the normal mail procedure. In those cases you may fax the request to either 1-415-536-8499 or 1-415-536-8513. Requests normally are completed within three days.
- If there is an "urgent request, please note this on the form. If all necessary supporting material is included, urgent requests will be processed as soon as possible. *Please be sure to include both telephone and fax numbers and the name of any contact person on the request and specify if you need a copy of the document faxed.* Every attempt will be made to process urgent requests received by 2 p.m. the same day.

Request for a Certificate of Insurance

When outsiders require the Diocese/Parish/School to provide evidence of insurance to use their property, etc.

Parish\Agency: _____

Address: _____

Requested by: _____
 Telephone: _____

Additional Information Needed:

Event/Activity: _____

Facility to be used: _____

Address: _____

Date(s): _____ Times(s): _____

Will Alcoholic Beverages be served? _____ Sold? _____

Projected Number of participants: _____

The Organization, Civic Entity, or Individual who is requesting Proof of Insurance from us is called the "CERTIFICATE HOLDER"

Certificate Holder: _____

Address: _____

Contact Person _____ Telephone: _____

REQUEST FOR A CERTIFICATE OF INSURANCE (cont'd)

Does Certificate Holder need to be added to our Policy as an additional insured? (Attempt to avoid this if possible) IF, HOWEVER, YOU CAN NOT, PLEASE ATTACH A COPY OF THE CERTIFICATE HOLDER'S CONTRACT OR USER AGREEMENT TO THIS FORM.

WHEN OTHER PARTY REQUIRES A LEGAL DOCUMENT TO BE SIGNED AND WANTS PROOF OF INSURANCE, PLEASE SEND COMPLETE, LEGIBLE COPY OF ANY PERMIT, APPLICATION, CONTRACT, AGREEMENT OR LEASE SO OBLIGATIONS CAN BE DETERMINED.

UNLESS OTHERWISE INSTRUCTED, THE ORIGINAL CERTIFICATE WILL GO DIRECTLY TO THE CERTIFICATE HOLDER WITH A COPY GOING TO THE PARISH/AGENCY AND A COPY TO THE CHANCERY OFFICE.

Special Instructions: _____

Send this completed form with necessary documents at least 21 days prior to Event to:
Arthur J. Gallagher & Co. Insurance Brokers
ATTN: Diocesan Unit
Phone: (415) 536-8442 Fax: (415) 536-8499