


Certificate of insurance request for Diocese of Birmingham

Requested by:			
Contact Name:			
Phone:		Email:	
Named insured : Diocesan entity/Church or school			
Complete name:			
Address:			
City:		Zip Code:	
Email:		Phone:	Fax:
Coverages needed (Only check the applicable options)			
<input type="checkbox"/> GL	<input type="checkbox"/> Property	<input type="checkbox"/> Fidelity	
<input type="checkbox"/> WC	<input type="checkbox"/> Business Property(for Contents/Rental or leasing of equipment including theft)	<input type="checkbox"/> E&O	
<input type="checkbox"/> Auto	<input type="checkbox"/> Builders Risk	<input type="checkbox"/> Other	
Certificate Holder : entity asking for the insurance			
Complete name:			
Address:			
City:		Zip Code:	
Email:		Phone:	Fax:
Special interest: (Please attach a copy of one of the following if available: insurance requirement, contract agreement, lease contract)			
<input type="checkbox"/>	Proof of Insurance		
<input type="checkbox"/>	Additional Insured (if you are required by agreement)		
<input type="checkbox"/>	Waiver of Subrogation		
<input type="checkbox"/>	Loss Payee (if you are required by agreement)		
<input type="checkbox"/>	Other		
Remarks: Please provide any details describing the purpose of this certificate (E.g. value of equipment, serial number, event type and date(s), contract number, etc.)			
Delivery distribution:			
	U.S. Postal Service	Email address	Fax No.
Named insured:	<input type="checkbox"/>		
Certificate holder:	<input type="checkbox"/>		
Other: _____	<input type="checkbox"/>		
Other: _____	<input type="checkbox"/>		
 Please forward completed request form to: Arthur J. Gallagher RMS, Inc.(Miami) Via email: 1) miami.bsd.Diocese_Request@ajg.com Or 2) via fax: 305-716-3293			
Processing time, please check: _____ Standard 48 hours upon receipt _____ Rush (if event will occur in less than 24 hrs.)			
If you may have any questions, please contact: Religious Team at 305-592-6080 Or 1-800-488-3003			