

Evidence of Property Insurance Request Form

Name as it reads on your policy: _____

Certificate Policy Number: _____

Your address: _____

The name and address of the entity/company requesting proof your church or ministry has insurance coverage:

Reason for request of Certificate:

Loss Payee Mortgagee Additional Insured Other

Describe other: _____

Mortgage Number: _____ Loan Number: _____

Lease Number: _____

Model Number: _____

Serial Number: _____

Effective Date: _____

Replacement Cost of Equipment: _____

Description of Property and/or Equipment and location address of Equipment_____

If you have a letter or document from the leasing company, please provide us with a copy.

Should we delete a piece of equipment or property? Should we delete a loss payee or mortgagee from your policy? Please describe:

_____To whom should we Mail Fax or Email original certificate:_____

_____Would you like a copy? Yes No

Whom should we call with questions? _____

Phone Number: _____ Email: _____

Date: _____

Email (Preferred) this request to: Your Client Representative or Fax this request to: (800) 557-1395