

Certificate of Liability Insurance Request Form

Name as it reads on your policy: _____

Certificate Policy Number: _____

Your address: _____
_____The name and address of the entity/company/organization requesting proof your church or ministry has insurance coverage: _____

Reason for request of Certificate:

Proof of Insurance Additional Insured Other

Describe other: _____

Description of Additional Insured's Request _____
(Attach Contract if Applicable)If you need a certificate for a certain event, please give a **complete description** of the information below.

Date(s) / Time(s) of Event: _____

Location Address of Event: _____

Participants (Adults, Children, etc): _____

of Participants of Adults, Children): _____

Ages of Children: _____

of Chaperones: _____

Overnight: Yes No

Sleeping/Shower Arrangements-Describe: _____

Will you be providing food and/or beverages? (If yes, who is preparing the food?) _____

Liquor Served: Yes No If yes,Bartender Hired: Yes No Proof of Bartender's Liquor Liability Insurance Obtained: Yes No Describe Event in Detail Including All Activities during Event:

_____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 this request to Your Client Representative or CICVTcerts@cpg.org or Fax this request to: (800) 557-1395