

## CERTIFICATE OF INSURANCE REQUEST

SEND TO: BRETT NEALIS/MEGHAN BERGERON

E-mail: [kilgarriff\\_unit@grahamco.com](mailto:kilgarriff_unit@grahamco.com)

*Questions filling out this form? Please call 800-564-7040*

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### Church Name:

Mailing Address:

City, State, Zip:

Church ID #

Requested by:

Email Address & Phone No.:

### Certificate Holder Name:

Mailing Address:

City, State, Zip:

Email Address:

Fax Number:

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### Special Instructions:

*Description (Church Activity/Contract No/Property Location, etc.):*

Certificate Holder listed as:

Mortgagee ( Property /  Equipment)

Loss Payee ( Property /  Equipment)

Additional Insured ( GL/  Auto/  Umbrella)

Primary/  Non-Contributory ( GL/  Auto/  Umbrella)

Waiver of Subrogation ( GL/  Auto/  Umbrella/  WC)

Additional Names/Entities:

Mortgagee ( Property /  Equipment)

Loss Payee ( Property /  Equipment)

Additional Insured ( GL/  Auto/  Umbrella)

Primary/  Non-Contributory ( GL/  Auto/  Umbrella)

Waiver of Subrogation ( GL/  Auto/  Umbrella/  WC)

### Date & Description of Event/Rental:

1. Is this a church-sponsored activity?
2. Does the Church control the operations of the activity?
3. Does the Church have an associated contract?  
(If so, please provide a copy)