ARCHDIOCESE OF PORTLAND IN OREGON

Certificate of Insurance Request Form

REQUESTING ORGANIZATION ☐ School ☐Church Date: _____

Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Contact Person: _____ Email: _____

REQUIRING ORGANIZATION

Name: _____ Phone: _____

Address: _____City:_____ State: ____ Zip: _____

Contact Person: _____ Email: _____

Date Certificate Needed: _____

CERTIFICATE REQUEST FOR AN EVENT

Date of Event: _____ Type of Event: _____

Event Location: _____

Is the Event Sponsored by the Requesting Organization? ☐Yes ☐No

Would you like a copy of the certificate? ☐Yes ☐No

Does the Requiring Organization need an additional insured endorsement? ☐Yes ☐No
If yes, attach a copy of the Contract or Agreement with the Requiring Organization when submitting this request.

If yes, has the Agreement/Contract been approved by the Risk Manager? ☐Yes ☐No

CERTIFICATE REQUEST FOR A LEASE OF EQUIPMENT

Lease #: _____ Length of Lease: _____

Description of Property: _____

_____

Approximate Value of Property: _____

Is the Requiring Organization to be named as loss payee? ☐Yes ☐No

PLEASE REQUEST CERTIFICATE 10 DAYS PRIOR TO DATE NEEDED

Retain a copy of this form for your file and submit to:

CertRequests@ajg.com · 1-800-877-9300 · Fax (415)536-5754

For Additional Insured Endorsement requests, also submit documentation to:

riskmanagement@archdpdx.org · (503)233-8360 · Fax (503)234-2903

02/2018