|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **CERTIFICATE OF INSURANCE REQUEST FORM**  Please allow a minimum of 2 weeks for review & processing | | | | | | | | | | | | | |
| **A.** | **Beneficiary Location Info:** | | | | | | | | | | | | | |
|  | Beneficiary Location # | | | 1036038 | | | | | | Current Date: | | |  | |
| Location Name: | | National Fraternity of the Secular Franciscan Order-USA | | | | | | | | | | | |
| Location Phone # | | 816-258-0793 | | | | | | | Email: | | Claudiakauz.sfo@gmail.com | | |
| Signature of Contact Person | | | | Claudia Kauzlarich, National Treasurer | | | | | | | | | |
| **B.** | **Certificate Holder (Business or Person Requesting Proof of your Coverage)** | | | | | | | | | | | | | |
|  | Business Name |  | | | | | | | | | | | | |
|  | Attn Person |  | | | | | | | | | | | | |
| Address |  | | | | | | | | | | | | |
| City/State |  | | | | | | | | | | | Zip Code |  |
| Phone # |  | | | | | Fax # | | |  | | | | |
| Email |  | | | | | | | | | | | | |
| **C.** | **Certificate Information** | | | | | | | | | | | | | |
| Date Needed |  | | | | |  | | | | | | | |
| Is there a contract Agreement | | | | | Written | | | or |  | Verbal | | | |
| *If contract is written, please submit a copy of the* ***ENTIRE*** *Contract Agreement prior to signing it*. | | | | | | | | | | | | | |
| Type of Event | Monthly Quarterly Annual Other | | | | | | | | | | | | |
| Date(s) & Times (s) | |  | | | | | | | | | | | |
| Remarks: | | | | | | | | | | | | | |
| **Evidence of Coverage Requested - Show Coverage of:** | | | | | | | | | | | | | |
| Property General/Excess  Other \_\_\_\_\_\_\_\_\_\_ | | | | | | | Loss Payee  Additional Insured  If one of above selected and the name is other than the Certificate Holder in B above, please indicate in above Remarks box. | | | | | | |
| ***NOTE: If requested is or other than General/Excess, the insurance requires a copy of the contract agreement with the facility making the request. If you are requesting Additional Insured and you do not have a written contract, please attach an email from the requesting party (facility, church, etc) with detailing their request.***  ***Certificate will be faxed/emailed to Certificate Holder and a copy emailed to individual requesting certificate***. | | | | | | | | | | | | | | |