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|  | **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 InsuredIf 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***. |