

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	<input type="checkbox"/> Written	or	<input type="checkbox"/> Verbal		
<i>If contract is written, please submit a copy of the ENTIRE Contract Agreement prior to signing it.</i>					
Type of Event	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Annual	<input type="checkbox"/> Other	
Date(s) & Times (s)					
Remarks:					
Evidence of Coverage Requested - Show Coverage of:					
<input type="checkbox"/> Property		<input type="checkbox"/> General/Excess		<input type="checkbox"/> Loss Payee	
<input type="checkbox"/> Other _____		<input type="checkbox"/> 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.			
<p>NOTE: <i>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.</i></p> <p>Certificate will be faxed/emailed to Certificate Holder and a copy emailed to individual requesting certificate.</p>					