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 #	309-825-2810	Email:	ofsusatreasurer@gmail.com
	Signature of Contact Person	Steve Roszhart, 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.