

“PROOF OF INSURANCE” REQUEST FORM FOR “CERTIFICATE OF INSURANCE”

1. When the other party has required a legal document be signed and wants proof of insurance please send complete, legible copy of any (PERMIT, APPLICATION, CONTRACT, AGREEMENT, LEASE or other) document, so obligations can be determined.
2. Recommended that Archdiocesan Catholic Center review prior to signing, especially when unusual or hazardous activities are involved.
3. Written requests will be fulfilled on a priority basis; missing information may cause delays or problems with Certificate Holder.
4. Please request 45 to 30 days ahead, but not more than 120 days. (Rushes will be processed as needed)
5. Events where participants engage in physical activity may require waivers. Contact ACC- Insurance Dept.
6. Carnival operators must provide proof of insurance for CITY CARNIVAL PERMITS and will extend insurance protection to your organization when requested. Please advise name and address and telephone number of any carnival company or amusement device owner below. Please report early.
7. NEW OPERATIONS/PREMISES/CONTRACTS/OR VEHICLES must be reported and insured in order to give "proof" of insurance. IF THIS INVOLVES A CARNIVAL, GIVE INFORMATION REQUESTED IN #6 ABOVE ON REVERSE OR SEPARATE LETTER.
8. Certificate will be mailed to certificate holder with copy to requesting location, unless otherwise directed.
9. For Diocesan policy or legal questions or forms, please contact The Archdiocesan Catholic Center Insurance Department.

USE THIS FORM WHEN YOU NEED TO REQUEST EVIDENCE OF INSURANCE: PLEASE PROVIDE THE FOLLOWING INFORMATION: (Please print or type)

NAMED INSURED: ROMAN CATHOLIC ARCHBISHOP OF LOS ANGELES

ADLA LOCATION NAME: _____

STREET _____ TELEPHONE # _____

CITY, STATE, ZIP _____ FAX # _____

CONTACT PERSON _____ EMAIL _____

Premises/location to be used _____ Dates of Coverage: _____

Describe the activity/operations/reason for certificate request:

CERTIFICATE HOLDER (The other party which requires you to give them "proof" of your insurance)

FULL LEGAL NAME: _____

"and their officers, agents and employees" ("X" if required).

MAILING ADDRESS _____

CITY/STATE/ZIP _____

EMAIL _____ FAX _____

SPECIAL INSTRUCTIONS, IF ANY: _____

Complete this document, attach copy of contract/agreement or other document with Certificate Holder's insurance requirements and fax or email to:

Arthur J. Gallagher & Co., License #0726293
1255 Battery Street, #450
San Francisco, CA 94111
ATTN: Diocesan Unit
Fax No. (415) 536-8499
Telephone No: (415) 546-9300
Client Service Associate: Jenny Borino
Jenny_Borino@ajg.com

Also fax copy to:
The Archdiocesan Catholic Center
Insurance Department
3424 Wilshire Blvd.
Los Angeles, California 90010-2241
Fax: (213) 637-6168