

RESET

CERTIFICATE REQUEST FORM

PLEASE COMPLETE THIS FORM WHEN ANOTHER PARTY REQUESTS THAT YOU PROVIDE PROOF OF INSURANCE.
EMAIL TO YOUR REPRESENTATIVE AT WALDORF RISK SOLUTIONS, LLC.

ACCOUNT MANAGER: Michael Polizzi, CLCS | **EMAIL:** michael@wrs1928.com **OR CALL 631-423-9500**

ALL REQUESTS MUST BE REPORTED IN WRITING AT LEAST TWO WEEKS PRIOR TO INTENDED USE OF THIRD PARTY'S FACILITIES AND MUST BE ACCOMPANIED BY ANY CONTRACT, AGREEMENT, PERMIT, ETC. IN ORDER TO DETERMINE INSURANCE REQUIREMENTS.

Insured's Name for Certificate: The Roman Catholic Bishop of Springfield

Insured's Site (Parish/School/Office) Information

Location Name: _____
Location Address: _____ Telephone: _____
Contact Name: _____ Email: _____

Reason for Certificate: Proof of Insurance Only Use of Facilities Lease Mortgage

Certificate Holder (party requesting proof of insurance)

Full Legal Name: _____ Date of Request: _____
Address: _____ Date Needed By: _____
Attention/Contact Name: _____ Email: _____

Please select one or more options:

Certificate Holder Only And Officers, Agents, Employees & Volunteers Additional Insured Waiver of Subrogation
 Second Page CG20 Endorsement (if required) _____ Loss Payee (Property) Broker's Certification
 Mortgagee (include Loan Location, Number and Amount): _____

Date(s) Insured Will Use Certificate Holder's Facilities: _____ Number of Participants: _____

Coverage Required on Cert:

Property (building & contents) Leased Equipment – Replacement Cost Value: \$ _____ | Lease #: _____
 General Liability (including property damage to third party premises) Automobile Liability Workers Compensation
 Other (please describe): _____

Description of Operations/Activities/Events:

Other Special Instructions/Endorsements Required: _____

Please Allow 48 hours or two (2) business days for completion. If this is an emergency request, please call 631-423-9500