

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

1. **Please include any contact or agreement you may have from the party requesting the certificate of insurance from you.**
2. Recommended that Chancery review prior to fully execute any contacts or agreements, especially when unusual or hazardous activities involved.
3. Written requests will be fulfilled on a priority basis; missing info may cause delays or problems with Certificate Holder.
4. Request will be processed 48 to 72 hours from receipt. Should you need an immediate turnaround time,

please indicate in “**Special Instructions**” section below. Rush will be processed as needed.

5. Events where participants engage in physical activity may require Waiver & Release Forms. Contact Chancery Office.
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

NAMED INSURED: ROMAN CATHOLIC ARCHDIOCESE OF SAN FRANCISCO	ROMACAT-17
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YOUR LOCATION NAME: _____
 STREET _____
 CITY, STATE, ZIP _____

EMAIL: _____
 PHONE: _____

NEW OPERATIONS/PREMISES/CONTRACTS/OR VEHICLES must be reported and insured in order to give “proof” of insurance. IF THIS INVOLVES A CARNIVAL, GIVE INFO REQUESTED IN #6 ABOVE ON REVERSE OR SEPARATE LETTER.

Describe the activities/operations to be held - the premises/location to be used - the dates this is occurring and the purpose of this activity, or other reason “proof of insurance” is being requested.

IN REGARD TO: _____

CERTIFICATE HOLDER (NOTE: The other party, which requires you to give them “proof” of your insurance.)

THEIR FULL LEGAL NAME: _____
 (OF OTHER ORGANIZATION) _____

_____ And their officers, agents and employees Telephone # () _____

ADDRESS _____
 CITY/STATE/ZIP _____
 ATTN: _____
 EMAIL: _____

SPECIAL INSTRUCTIONS, IF ANY:

Complete this document, attach copy of Contract or Agreement & mail to:

ARTHUR J. GALLAGHER & CO.
 CA License #0726293
 595 Market Street, Ste 2100
 San Francisco, CA 94105
Client Service
 Telephone No. **(415) 536-4040**
 Email: Jesus_AguayoCerde@aig.com

Date Requested _____
 Person _____
 Title _____
 Telephone () _____

CERTIFICATE WILL BE EMAILED TO CERTIFICATE HOLDER WITH COPY TO REQUESTING LOCATION, UNLESS OTHERWISE DIRECTED. For Coverage questions, call Nancy Lew. For Diocesan policy, questions, or forms, please contact the Chancery Office.