

Client Request for Certificates of Insurance Diocese of Pensacola-Tallahassee 57000077177

Email To: COIRequestPT@aon.com

Standard End of Day Rush

Requestor Information

Named Insured:			
Address:			
City, State, Zip Code:			
Attention:			
Telephone Number:		Fax Number:	

Certificate Holder Information

Certificate Holder:	
Address:	
City, State, Zip Code:	
Attention:	

Note: Please attach a copy of the request from your customer, vendor, supplier, or other (if available).

Coverage & Limit Information

Coverages	Limits Required
<input type="checkbox"/> General Liability:	
<input type="checkbox"/> Auto Liability:	\$
<input type="checkbox"/> Garage Liability:	\$
<input type="checkbox"/> Excess Liability:	\$
<input type="checkbox"/> Workers Comp & Employers Liability:	\$
<input type="checkbox"/> Professional Liability :	\$
<input type="checkbox"/> Property:	\$
<input type="checkbox"/> Fidelity: (Crime & Fiduciary)	\$

Additional Insureds / Interests (Check all that apply)

<input type="checkbox"/> Additional Insured:		<input type="checkbox"/> Vendor:	
<input type="checkbox"/> Loss Payee:		<input type="checkbox"/> Other:	
<input type="checkbox"/> Lessor:			

Waiver of Subrogation

<input type="checkbox"/> General Liability	<input type="checkbox"/> Workers Comp & Employers Liability
<input type="checkbox"/> Auto Liability	<input type="checkbox"/> Other

Description/Reference/Special Instructions (tab to gray box below & type description/reference)

Distribution

Original to:	<input type="checkbox"/> Certificate Holder	<input type="checkbox"/> Mail	<input type="checkbox"/> Fax #	<input type="checkbox"/> Email
	<input type="checkbox"/> Named Insured	<input type="checkbox"/> Mail	<input type="checkbox"/> Fax #	<input type="checkbox"/> Email
	<input type="checkbox"/> Other	<input type="checkbox"/> Mail	<input type="checkbox"/> Fax #	<input type="checkbox"/> Email

Note: Copies will be automatically sent to the Named Insured unless otherwise instructed.