

**CERTIFICATE OF LIABILITY INSURANCE REQUEST FORM**

Please send us a Certificate of Insurance to use  
the **PROPERTY OF OTHERS** as follows:

Parish/Agency Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

Issue to: Name(s): \_\_\_\_\_  
(Name of Requestor)  
Street Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

Describe Type of Event: \_\_\_\_\_

Address of Event Location: \_\_\_\_\_

Date(s) of the event: \_\_\_\_\_

Time event begins \_\_\_\_\_ ends \_\_\_\_\_.

Requested by parish/agency representative: Name \_\_\_\_\_

Parish Contact Information: Email\* \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

***\*Certificate will be returned to you by e-mail.***

**E-mail, Fax or Mail at least four weeks prior to the event:**

Chapman & Hogan Insurance Group  
3636 S. Geyer Rd., Suite 110  
St. Louis, MO 63127  
Fax: (314) 842-0050  
E-mail: diospfld@chapmanhogan.com