

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
1 N. Brentwood Blvd.
Suite 700,
Clayton, MO 63105
Fax: (314) 842-0050
E-mail: diospfld@chapmanhogan.com