

# ARCHDIOCESE OF CHICAGO

---

Risk Management

[dturlek@archchicago.org](mailto:dturlek@archchicago.org)



Post Office Box 1979  
Chicago, Illinois 60690-1979

Phone: 312-534-8295  
Fax: 312-534-9805

Published: December 30, 2009

Re: Certificates of Insurance

Dear Pastor, Business Manager & Principal;

Many parishes and schools require Certificates of Insurance. Examples include the leasing of a parish automobile, photocopier, or telephone system. Other examples include liquor licenses, parish sponsored activities in public areas and the addition of a driveway entrance on city property. The Certificate of Insurance provides evidence to the requesting party that the parish or school has the proper types of insurance coverage. Obtaining a Certificate of Insurance can be obtained by completing the following:

During the hours of 9:30 a.m. to 4:00 p.m., Monday – Friday, Gallagher Bassett Claim Services will prepare and issue a Certificate of Insurance. The request is initiated by completing the attached request form.

When additional insured language is requested, the insurance carrier requires the rental/lease agreement or letter of request issued from the vendor be included with the request. Otherwise, the certificate cannot be issued.

It is important to allow 5 full business days for the certificate to be issued.

Our insurance policies are renewed July 1 of each year. Some locations require Certificates for activities in July. We work with our insurance broker to have the necessary renewal information to Gallagher Bassett Claim Services as soon as practicable.

Feel free to contact me at 312-534-8295 or [dturlek@archchicago.org](mailto:dturlek@archchicago.org) with any questions / problems you may have.

Sincerely,  
Don Turlek

Risk Manager

**Gallagher Bassett Services Inc.  
Certificate of Insurance Request Form**

Name of school / church : _____			
Address: _____	City _____	State _____	Zip _____

Location of event: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Address of the event (if different than the above address)

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Description of event: \_\_\_\_\_

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

Certificate holdername: _____			
Address: _____	City _____	State _____	Zip _____
Telephone _____	Fax _____		

Any required special wording : (additional insured or loss payee); be specific and include a copy of the Applicable contract or lease agreement. _____ _____
--

Will liquor be served? Yes No      Is DRAM Shop Insurance Requested? Yes No

Requested by: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Pastor/Principal/Agency Rep. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please allow 5 full business days for a certificate to be issued. The certificate will be sent to the school or church who made the request. Please forward the Certificate onto the appropriate party.

Please mail or fax form to:    Gallagher Bassett Claim Services  
   P.O. Box 4104  
   Schaumburg, Illinois 60168  
   Phone:            847-273-3880-Option 6      Fax: 847-240-6664  
   Patrick Chase    847 - 273 3898    ( patrick\_chase@gbtpa.com)