**Gallagher Bassett Services, Inc.**

**Certificate of Insurance Request Form**

**Section 1**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Church/School/Organization:  **Insert Name.** | | | | |
| Address  **Insert Address.** | City  **Insert City.** | State  **Insert State.** | Zip  **Insert Zip.** |

**Section 2**

|  |  |
| --- | --- |
| Name/Description of Event:  **Insert Name/Description.** | Date(s) of Event  **Insert Date(s).** |

|  |  |
| --- | --- |
| Will Liquor be served: Yes No | DRAM Shop Insurance Requested: Yes No |

|  |
| --- |
| If Liquor/Timeframe of Event: **Insert Time(s).** |

|  |  |  |  |
| --- | --- | --- | --- |
| Exact Address of Event (if different than the above address) | | | |
| Address  **Insert Address.** | City  **Insert City.** | State  **Insert State.** | ZIP  **Insert Zip.** |

**Section 3**

|  |  |
| --- | --- |
| Property Insurance Information (Attaching Contract is necessary) | |
| Lease Agreement No.  **Insert Lease Agreement No.** | Contract No.  **Insert Contract No..** |
| List items being leased:  **Insert items.** | |

**Section 4**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Certificate Holder Name:**  **Insert Name.** | | | | |
| Address  **Insert Address.** | City  **Insert City.** | | State  **Insert State.** | ZIP  **Insert Zip.** |
| Telephone  **Insert Phone #**. | | Fax  **Insert Fax #**. | | |

**Section 5**

|  |
| --- |
| Special wording required? Additional Insured or Loss Payee? Be specific and include a copy of the applicable contract or lease agreement.  **Insert Special Wording.** |

**Section 6**

|  |  |
| --- | --- |
| Requested by: **Insert Name.** | Phone: **Insert Phone #.** |
| Fax: **Insert Fax #.** | Email Address: **Insert Email Address.** |
| Pastor/Principal/Agency Rep.:  **Insert Name.** | Date: **Insert Date.** |

**Submit requests via email to** [**cbccerts@gbtpa.com**](mailto:cbccerts@gbtpa.com) **or via Fax at 855-858-0904**

**Please allow 5 full business days for Certificate(s) to be issued**

**Direct inquiries to: Shally Mronzinski, Operational Supervisor / Direct Dial: 630-282-0837**

**Kathy Flanagan, Technical Assistant / Direct Dial: 630-282-0849**