**Gallagher Bassett Services, Inc.**

**Certificate of Insurance Request Form**

**Section 1**

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| --- |
| 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**

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| 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** **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**