

Request for Certificate of Insurance

Your Name	
Your Organization	
Your Address	
Your Phone #	Your Fax #
Your Email Address	
Name of Organization requesting Certificate (if different than above)**	
Address	
Phone #	Fax #
Email Address	Contact Name
Liability Certificate requested	
Function/event	
Location of function/event	
Purpose of function/event	
Date of function/event	
Is request for? Proof of insurance Y___N___	To be named as Additional Insured Y___N___
If you have been provided with required language in writing please provide or attach:	

Property Certificate requested	
Description of property or (if applicable, please provide make, model serial #, lease#, loan#, contract #)	
Location of property	
Use of property	
Is request to be named as? Mortgagee Y___N___	Loss Payee Y___N___
Additional Insured Y___N___	
If you have been provided with required language in writing please provide or attach:	

Delivery Information

To:
Your Organization ____ or
Organization requesting Certificate ____
By Fax ____ or email ____

*Fax or email this request to:
Gallagher Bassett Services Inc
Fax: 513-779-8929 or 1-866-512-4069
Email: julie_green@gbtpa.com*