



Fourth Episcopal District of the AME Church

Certificate of Insurance Request Form

Return Form Request via Fax or Email To:

Name: Pierina Petit

Fax: 305-713-3293

Email: Miami.BSD.Diocese_Request@ajg.com

Certificate of Insurance Request Form

Fourth Episcopal District of AME Church

Email to: Miami.BSD.Diocese_Request@ajg.com

☐ Standard ☐ Rush ☐ End of Day

Requestor Information

Named Insured:			
Address:			
City, State, Zip Code:			
Attention:			
Telephone Number:		Fax Number:	

Certificate Holder Information

Certificate Holder:			
Address:			
City, State, Zip Code:			
Attention:			

Note: Please attach a copy of the request from your customer, vendor, supplier, or other (if available).

Coverage & Limit Information

Coverages	Limits Required
<input type="checkbox"/> General Liability:	\$
<input type="checkbox"/> Auto Liability:	\$
<input type="checkbox"/> Garage Liability:	\$
<input type="checkbox"/> Excess Liability:	\$
<input type="checkbox"/> Workers Comp & Employers Liability:	\$
<input type="checkbox"/> Professional Liability :	\$
<input type="checkbox"/> Property:	\$
<input type="checkbox"/> Fidelity: (Crime & Fiduciary)	\$

Additional Insureds / Interests (Check all that apply)

<input type="checkbox"/> Additional Insured:		<input type="checkbox"/> Vendor:	
<input type="checkbox"/> Loss Payee:		<input type="checkbox"/> Other:	
<input type="checkbox"/> Lessor:			

Waiver of Subrogation

<input type="checkbox"/> General Liability	<input type="checkbox"/> Workers Comp & Employers Liability
<input type="checkbox"/> Auto Liability	<input type="checkbox"/> Other

Description/Reference/Special Instructions (tab to gray box below & type description/reference)

Distribution

Original to:	<input type="checkbox"/> Certificate Holder	<input type="checkbox"/> Mail	<input type="checkbox"/> Fax #	<input type="checkbox"/> Email
	<input type="checkbox"/> Named Insured	<input type="checkbox"/> Mail	<input type="checkbox"/> Fax #	<input type="checkbox"/> Email
	<input type="checkbox"/> Other	<input type="checkbox"/> Mail	<input type="checkbox"/> Fax #	<input type="checkbox"/> Email

Note: Copies will be automatically sent to the Named Insured unless otherwise instructed.