



Gallagher

Insurance | Risk Management | Consulting

CERTIFICATE REQUEST FORM

NOTE: If this certificate is for a **SPECIAL EVENT, DO NOT COMPLETE** this form - use our Special Event Form.

Name of your Club: _____

Name of person completing this form: _____

Deliver Certificate via: (Select one)

Fax: _____

Email: _____

Mail: _____

1. Name and Address of person/entity to whom the certificate should be issued (such as the funding source or building owner):
2. Is the certificate holder to be named as Additional Insured? **Yes** **No** (Evidence Only)
3. If yes, please specify the relationship between your club and the Certificate Holder:
 Funding Source Landlord Loss Payee/Mortgagee Other: _____
Contractual (attach copy of contract)

If Landlord/Loss Payee/Mortgagee, specify which location/equipment to which this applies: _____

Loan/Account #: _____

4. Please specify any **SPECIAL WORDING**, if any, which must appear on the certificate (for example, "The City, its officers, agents, employees, and members of Boards of Commissions is included as Additional Insured") OR attach a copy of the required wording.

5. Are there any special forms which must be attached to the Certificate? (e.g., CG 2026)
Yes No If yes, please attach a copy of the funding contract/lease.

6. Specify type of coverage to be certified:
 General Liability **Bond** **Property** **Professional Liability**
 Umbrella **Sexual Abuse** **Auto Liability**
Auto Physical Damage: List vehicle(s) _____

Special Remarks: _____

Email to: Gallagher Attn:
Email: certrequests@ajg.com