

CERTIFICATE OF INSURANCE REQUEST FORM

Please allow a minimum of 2 weeks for review & processing

A. Beneficiary Location Info:			
Beneficiary Location #	1036038	Current Date:	
Location Name:	National Fraternity of the Secular Franciscan Order-USA		
Location Phone #	816-258-0793	Email:	Claudiakauz.sfo@gmail.com
Signature of Contact Person	Claudia Kauzlarich, National Treasurer		
B. Certificate Holder (Business or Person Requesting Proof of your Coverage)			
Attn Person			
Address			
City/State			Zip Code
Phone #		Fax #	
Email			
C. Certificate Information			
Date Needed			
Is there a contract Agreement	<input type="checkbox"/> Written	or	<input type="checkbox"/> Verbal
<i>If contract is written, please submit a copy of the ENTIRE Contract Agreement prior to signing it.</i>			
Type of Event	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Annual <input type="checkbox"/> Other
Date(s) & Times (s)			
Remarks:			
Evidence of Coverage Requested - Show Coverage of:			
<input type="checkbox"/> Property <input type="checkbox"/> General/Excess		<input type="checkbox"/> Loss Payee	
<input type="checkbox"/> Other _____		<input type="checkbox"/> Additional Insured	
If one of above selected and the name is other than the Certificate Holder in B above, please indicate in above Remarks box.			
<i>NOTE: If requested is or other than General/Excess, the insurance requires a copy of the contract agreement with the facility making the request. If you are requesting Additional Insured and you do not have a written contract, please attach an email from the requesting party (facility, church, etc) with detailing their request.</i>			
<i>Certificate will be faxed/mailed to Certificate Holder and a copy emailed to individual requesting certificate.</i>			