



SafeChurch®

Certificate of Insurance Request Form

It is a policy of this facility to require all contractors, service companies and outside groups using the facilities to provide proof of general liability and workers' compensation insurance.

The appropriate form should be attached to this sheet, prior to any work or event occurring, naming this facility as an additional insured.

Name of contractor/organization: _____

Address: _____

Contact person: _____ Title: _____

Phone number: _____

Description of activity/job/event: _____

Approximately how many people will be involved in the activity/job/event? _____

What types of activities will be included in this event (e.g., dancing, construction, climbing ladders, use of power tools, meetings, etc.)? _____

Amount of coverage: _____ Name of insurer: _____

Phone number of insurer: _____ Policy expiration date: _____

Limits of Liability: _____

Do you have an umbrella policy? Yes No

Are all workers included under your workers' compensation policy? Yes No

Is our church/organization named as an "additional insured"? Yes No

Signature: _____ Date: _____

For facility use:

I have looked at the attached paperwork and have approved the above named agency/group/business to use the facility for the purpose described above.

Name: _____ Date: _____

Title: _____



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