

Archdiocese of Indianapolis  
And Gallagher Bassett Services Inc.  
Certificate of Insurance Request Form

Name of school / church: \_\_\_\_\_ Contact \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Location of event: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Address of the event (if different than the above address)  
\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Description of event: \_\_\_\_\_

Date(s) of event: \_\_\_\_\_

Certificate holder name: \_\_\_\_\_

(Entity requiring you to provide the Certificate)

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

Email address \_\_\_\_\_

Any required special wording: (additional insured or loss payee); be specific and include a copy of the applicable contract or lease agreement, value of equipment insured, vehicle ID number.

Requested by: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Pastor/Principal/Agency Rep. Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please allow 5 full business days for a certificate to be issued. The certificate will be sent to the school or church who made the request. Please forward the Certificate onto the appropriate party. Please e-mail or fax form to: Gallagher Bassett Claim Services  
[GB.ADOICOI@gbtpa.com](mailto:GB.ADOICOI@gbtpa.com)

Phone: Kathleen Flanagan (630) 282-0849; Fax: (630) 932-4223

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