

Foursquare Insurance Program

Certificate of General Liability Request Form

Please type or print in black ink. Fill in all the information, as requested. Attach a copy of any correspondence from the party requesting the certificate.

Foursquare Insurance Department approval is required for locations that are rented, leased, or purchased and are not listed on the church's insurance property schedule.

The preferred method of issuing the certificate by the broker is by email. Please provide the information for both the organization and the requesting party. If that information is not available then it will either faxed or mailed.

NOTE: 1) All certificate requests are required to be submitted 72 hours prior to deadline.
2) If all the necessary information has not been provided, your request will be returned to you for further completion.

Organization Information:

Organization Legal Name: _____ Org. ID: _____

Contact: _____ Contact Phone No.: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Fax No. : _____ E-Mail Address: _____

Requesting Party:

Company: _____

Contact: _____ Contact Phone No.: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Fax No. : _____ E-Mail Address: _____

Purpose of Certificate:

Please check one box only: Additional Insured Evidence Only

Type of event or use of premises: _____

Physical address of event: _____

Dates of the event: _____ Date Certificate Needed: _____

Additional Information: _____

Fax : (213) 989-4531

For questions, please call: (888) 635-4234, ext. 4400

<h4><u>For Office Use Only:</u></h4>	<h4><u>Account Status:</u></h4>
<input type="checkbox"/> Accepted <input type="checkbox"/> Denied	<input type="checkbox"/> Great Plains: _____
	<input type="checkbox"/> Workers' Compensation Audit Forms: _____
	<input type="checkbox"/> Location is on Property Schedule, if applicable
Reviewed by: _____	<input type="checkbox"/> Other: _____