SEND COMPLETED FORM DIRECTLY TO: ACS_CHICAGO@ARS.AON.COM
CC: JIM_CAMERON@ARS.AON.COM
CC: SMOHLER@COFCHRIST.ORG

CERTIFICATE OF INSURANCE (CERT) REQUEST

CLIENT # 10630517
COMMUNITY OF CHRIST

TODAY'S DATE
DATE NEEDED

REQUESTER'S NAME
DAY-TIME PHONE

CONG./MISSION CENTER/CGROUNDS: (FILL IN NEXT LINE)

REQUESTOR'S AFFILIATION: COMMUNITY OF CHRIST SKILLPATH GRACELAND IA / MO THE GROVES OTHER
(SELECT ONE)

PLEASE SELECT TYPE OF INSURANCE CERT NEEDED
GENERAL LIABILITY PROPERTY AUTO

CERT HOLDER:
ORGANIZATION:
ATTN TO:
ADDRESS:
CITY/STATE/ZIP:
FAX NUMBER/E-MAIL ADDRESS

DOES CERT HOLDER NEED TO BE NAMED AS "ADDITIONAL INSURED"? YES NO
(SELECT ONE)

MAILING INSTRUCTIONS TO AON: (SELECT PREFERED COMMUNICATION: EMAIL, FAX, US MAIL)

*DOES CERT NEED TO BE SENT TO REQUESTOR? YES NO SEND TO:
*DOES CERT NEED TO BE SENT TO THE CERT HOLDER YES NO SEND TO:
*ALL CERTIFICATES ALSO SHOULD BE SENT TO SANDIE MOHLER AT SMOHLER@COFCHRIST.ORG

ABOUT THE ACTIVITY:
DATES OF ACTIVITY:
DESCRIBE ACTIVITY:

COMMENTS:

THIS FORM CAN BE FOUND AT: WWW.COFCHRIST.ORG/RISK