

CERTIFICATE OF LIABILITY INSURANCE REQUEST FORM

Please send us a certificate of insurance to use
the **property of others** as follows:

Parish/Agency Name: _____
Address: _____
City: _____

Issue to: Name(s): _____
(Name of Requestor)
Street Address: _____
City/State/Zip: _____

Describe Type of Event: _____
Address of Event: _____
Date(s) of the event: _____
Time event begins _____ ends _____.

Requested by parish/agency representative: Name _____
Parish contact telephone/fax/or e-mail* information: _____

**Certificate will be returned to you by email.*

Any special instructions: _____

Mail at least four weeks before the event to:

**Hogan Insurance Group Inc.
11124 South Towne Square
Suite 300
St. Louis, MO 63123
Fax to: 314-892-8998
or
E-mail to: diospfld@higstl.com**