

CERTIFICATE OF INSURANCE REQUEST FORM

Please send us certificates of insurance to obtain liquor license:

Parish/Agency Name: _____
City: _____

Issue to: Name(s): Illinois Liquor Control Commission
Street Address: 101 West Jefferson, Suite 3-525
City/State/Zip: Springfield, IL 62702

(Complete only if needed for more than one governmental authority)

And to: Name(s): _____
Street Address: _____
City/State/Zip: _____

Describe Type of Event:

Is this a parish sponsored event: ___ Yes or ___ No

Is this event open to the public: ___ Yes or ___ No

Date(s) of the event: _____

Time event begins: _____ ends: _____.

Requested by parish/agency representative: Name _____

Parish contact information: Email* _____

Phone: _____

Fax: _____

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

Mail, Fax or E-mail your request 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