

CERTIFICATE OF INSURANCE REQUEST FORM

Please send us a Certificate of Insurance to obtain liquor license:

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

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: _____

Address of Event Location: _____

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 e-mail.***

E-mail, Fax or Mail at least four weeks prior to the event:

Chapman & Hogan Insurance Group
3636 S. Geyer Rd., Suite 110
St. Louis, MO 63127
Fax: (314) 892-8998
E-mail: diospfld@higstl.com