

Foursquare Insurance Program Certificate of Liability Request Form



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

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.

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

Organization Information: **Today's date:** _____
Organization Legal Name: _____ Church Code #: _____
Contact: _____ Contact Phone No.: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Email Address: _____ FAX No.: _____

Requesting Party (Certificate Holder):
Company: _____
Contact: _____ Contact Phone No.: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Email Address: _____ FAX No.: _____

Remarks-Purpose of Certificate:

Please check one box only: Additional Insured OR Evidence Only

Type of event or use of premises: _____
Physical Address of event: _____
Dates of the event: _____ Date Certificate Needed: _____
Additional Information: _____
Delivery distribution Named insured Certificate holder Other _____

Email to: Foursquare.GGB@ajg.com for questions please call 833-813-5580, dial 1 for certificates.

For AJG Office Use Only:

Accepted Denied

Coverages needed

General Liability
 Workers' Comp
 Auto Liability
 D&O
 Umbrella /Limit requested \$ _____
 Other: _____

