



REQUEST FOR CERTIFICATE OF INSURANCE

PresbyterianOne

1. **Date:** _____

2. **Requested By:**
Church Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____ Fax Number: _____
Person Requesting: _____ Title: _____

3. **Coverages Needed on Certificate of Insurance:**
 Property General Liability Automobile Liability

4. **Certificate Holder:**
Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____ Fax Number: _____
Attention: _____

5. **Certificate Holder's Interest Is:**
 Certificate Holder Only Additional Insured Loss Payee Mortgage Landlord

6. **Special Event Date & Description:**

7. **Regarding:**

8. **Fax to:** Church Holder Agent

**SEND TO HEFFERNAN INSURANCE BROKERS AT:
HIBCERTREQUEST@HEFFGROUP.COM**

**Fax No. (925) 934-8278
Alternate Fax Nos. (866) 519-5609 or (925) 935-8504**