

## Evidence of Property Insurance Request Form

Name as it reads on your policy: \_\_\_\_\_  
 Certificate Policy Number: \_\_\_\_\_  
 Your address: \_\_\_\_\_

The name and address of the entity/company requesting proof your church or ministry has insurance coverage:  
 \_\_\_\_\_

Reason for request of Certificate:  
 \_\_\_\_\_

Loss Payee    
  Mortgagee    
  Additional Insured    
  Other

Describe other:  
 \_\_\_\_\_

Mortgage Number: \_\_\_\_\_ Loan Number: \_\_\_\_\_  
 Lease Number: \_\_\_\_\_  
 Model Number: \_\_\_\_\_  
 Serial Number: \_\_\_\_\_  
 Effective Date: \_\_\_\_\_

Replacement Cost of Equipment: \_\_\_\_\_

Description of Property and/or Equipment and location address of Equipment  
 \_\_\_\_\_

*If you have a letter or document from the leasing company, please provide us with a copy.*

Should we delete a piece of equipment or property? Should we delete a loss payee or mortgagee from your policy?  
 Please describe:  
 \_\_\_\_\_

To whom should we \_\_\_\_\_ Mail \_\_\_\_\_ Fax or \_\_\_\_\_ Email original certificate: \_\_\_\_\_  
 Would you like a copy?: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
 Whom should we call with questions? \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
 Date: \_\_\_\_\_