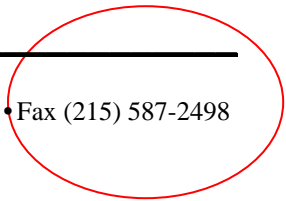




**ARCHDIOCESE OF PHILADELPHIA**

**SECRETARIAT FOR TEMPORAL SERVICE**

222 North Seventeenth Street • Philadelphia, Pennsylvania 19103-1299 • (215) 587-3640 • Fax (215) 587-2498



OFFICE FOR INSURANCE SERVICES

**CERTIFICATE OF INSURANCE  
REQUEST FORM**

Archdiocese of Philadelphia Location/Parish/School Name: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Description of activity (for events and activities please include the date(s) or time period of the event, sport or activity; e.g. November through March or a single date): \_\_\_\_\_



Name of Certificate Holder (e.g. Entity requesting the certificate such as a school district (public), school (private) or parks & recreation facility, not the Archdiocese location/parish/school, or yourself): \_\_\_\_\_



Complete Address of Certificate Holder: \_\_\_\_\_



Certificate Holder Contact Person, their telephone number and/or fax number: \_\_\_\_\_



Does the Certificate Holder require to be named as additional insured? \_\_\_\_\_ yes \_\_\_\_\_ no

If they have their own required wording please attach.

**Please request Certificates of Insurance two (2) weeks before event.**