

# Request for Certificate of Insurance

Certificates are generally issued within 24 hours of request, but if additional underwriting information is needed this timing does change to 24 hours after underwriting approval. Also, certificates can be requested on our Service 24/7 system. If you do not have a username and password email [service247@sovinsurance.com](mailto:service247@sovinsurance.com) to obtain an account.

## **POLICY HOLDER'S NAME & ADDRESS:**

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## **NAME & ADDRESS OF CERTIFICATE HOLDER:**

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- 1) Name of Event: \_\_\_\_\_
- 2) Where is the event held (may not be the same as the certificate holder)? \_\_\_\_\_
- 3) Date(s) of Event: \_\_\_\_\_
- 4) Time(s) of Event: \_\_\_\_\_
- 5) Approximate Number of People: \_\_\_\_\_ Age Range: \_\_\_\_\_
- 6) Type of Event: \_\_\_\_\_
- 7) Event Activities: \_\_\_\_\_
- 8) Will you have waivers signed by all attendees holding you harmless? \_\_\_\_\_
- 9) Does the organization have their own insurance? \_\_\_\_\_
- 10) Are all attendees members of the religious institution? If not, need estimate of each: \_\_\_\_\_
- 11) Does the holder want to be listed as an additional insured? If yes, see below. \_\_\_\_\_

## **Is the Certificate Holder requesting Additional Insured status?**

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

If yes, is this contractually required by the signed agreement you have?

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

*NOTE:* Depending on the type of event and the activities, underwriting could have more questions and there may be an additional premium charge. If the requesting organization needs special wording on the certificate, IT MUST BE APPROVED by the insurance company. Please list any special wording requested: \_\_\_\_\_

## **OVERNIGHT RETREATS ONLY:**

- 1) Is it co-ed? \_\_\_\_\_
- 2) What are the age groups? \_\_\_\_\_
- 3) What are the sleeping arrangements? \_\_\_\_\_
- 4) What is the chaperone/leader ratio? \_\_\_\_\_
- 5) Are background checks made on all chaperones/leaders/volunteers? \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## **SEND REQUESTS TO:**

**Joetta Mooney**, Assistant Account Manager

**email** [joettam@sovinsurance.com](mailto:joettam@sovinsurance.com)

**fax** 610 535 6810



*Market Knowledge Matters*