

ADVENTIST RISK MANAGEMENT, INC.
Request for Certificate of Insurance

*******RUSH*******

Insured: **South Central Conference**

Policy #:

Property Value:

Limit:

- General Liability
- Property
- Hospital Property
- Automobile
- Excess Liability
- Workers Compensation

Name of Certificate Holder:

Address :

Location of Property Included:

Activity Requiring Certificate:

Beginning Date:

Ending Date:

Additional Endorsement Required: Yes No

Specific Wording Required:

Sponsored by :

PLEASE FAX TO:

Comments:

Mail Certificates to:

Address:

Requested by:

CSR:

Date:

COI (08-03)