

Client Request for Certificates of Insurance Archdiocese of Miami

570000065443

Email To: ADOMcertificaterequest@aon.com
 cc: luann.sanandres@aon.com Phone: 305.961.6130
Sadie.Hernandez1@aon.com Phone 305.961.6240

Standard Turnaround time is 24 to 48 hours unless it is a RUSH Request. If you do not receive a response please reach out to the individuals whose telephone numbers are noted above

Standard End of Day Rush

Requestor Information

Named Insured:		
Address:		
City, State, Zip Code:		
Attention:		
Telephone Number:		Fax Number:

Certificate Holder Information

Certificate Holder:		
Address:		
City, State, Zip Code:		
Attention:		

Note: Please attach a copy of the request from your customer, vendor, supplier, or other (if available).

Coverage & Limit Information

Coverages	Limits Required
<input type="checkbox"/> General Liability:	\$
<input type="checkbox"/> Auto Liability:	\$
<input type="checkbox"/> Garage Liability:	\$
<input type="checkbox"/> Excess Liability:	\$
<input type="checkbox"/> Workers Comp & Employers Liability:	\$
<input type="checkbox"/> Professional Liability :	\$
<input type="checkbox"/> Property:	\$
<input type="checkbox"/> Fidelity: (Crime & Fiduciary)	\$

Additional Insureds / Interests (Check all that apply)

<input type="checkbox"/> Additional Insured:		<input type="checkbox"/> Vendor:	
<input type="checkbox"/> Loss Payee:		<input type="checkbox"/> Other:	
<input type="checkbox"/> Lessor:			

Waiver of Subrogation

<input type="checkbox"/> General Liability	<input type="checkbox"/> Workers Comp & Employers Liability
<input type="checkbox"/> Auto Liability	<input type="checkbox"/> Other

Description/Reference/Special Instructions (tab to gray box below & type description/reference)

Distribution

Original to:	<input type="checkbox"/> Certificate Holder	<input type="checkbox"/> Mail	<input type="checkbox"/> Fax #	<input type="checkbox"/> Email
	<input type="checkbox"/> Named Insured	<input type="checkbox"/> Mail	<input type="checkbox"/> Fax #	<input type="checkbox"/> Email
	<input type="checkbox"/> Other	<input type="checkbox"/> Mail	<input type="checkbox"/> Fax #	<input type="checkbox"/> Email

Note: Copies will be automatically sent to the Named Insured unless otherwise instructed.

***Note: The COI request form can be found on the ADOM
E-library (www.theadom.info)**