

# Request for Certificate of Insurance (COI) to AON

Please forward correspondence and contract along with your request, this is required.

**IMPORTANT: We are unable to issue a COI that requires Additional Insured or Loss Payee status unless you send supporting documentation from the person/entity that is requesting this certificate.**

If this is for an event, please send your request at least 10 business days prior to the event.

Send request to: Katrina Brandner – [katrina.brandner@aon.com](mailto:katrina.brandner@aon.com) (920-431-6241)

School/Parish Name & Address \_\_\_\_\_ Parish # \_\_\_\_\_

Contact: \_\_\_\_\_

Phone Number / Email: \_\_\_\_\_

Reason for requesting a Certificate of Insurance: \_\_\_\_\_

\_\_\_\_\_

Event Description: \_\_\_\_\_

Event Date: \_\_\_\_\_

Lease/Rent/Use Facility/Location Details: \_\_\_\_\_

Event Date: \_\_\_\_\_

Lease/Rent Equipment Details: \_\_\_\_\_

Equipment details: include VIN/Serial # and Lease Number if applicable \_\_\_\_\_

\_\_\_\_\_

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**Certificate Holder** (This would be the name of the business who is asking you for a certificate)

Name of Company \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

**Attach written request, contracts, or signed documents that you have received for insurance review.**

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**Check the requirements if known.**

- |   |  |
|---|--|
| <input type="checkbox"/> Liability COI        | <input type="checkbox"/> Loss Payee (Contract or written agreement required)         |
| <input type="checkbox"/> Auto COI             | <input type="checkbox"/> Additional Insured (Contract or written agreement required) |
| <input type="checkbox"/> Property COI         | <input type="checkbox"/> Mortgagee (Contract or written agreement required)          |
| <input type="checkbox"/> Workers Compensation | <input type="checkbox"/> Other _____   |