

**CERTIFICATE OF INSURANCE
REQUEST FORM**

All Requests go to:

Date: _____

Email to: AON Service Center – ACS.Chicago@aon.com AND Sue Thorne – Susan.Thorne@aon.com

OR Fax to: 847-953-5390 or 800-363-0105

(Sue Thorne Direct #: 847-953-7876)

FICURMA ACCOUNT #57-28962

SCHOOL: _____

Certificate Holder: (Requester's Name & Address Required)

Explanation/Description: (Identification of Project, Event, Vehicle, etc.)

Coverage Requested: General Liability Auto Liability Workers Comp.
 Property/Auto Physical Damage Other _____

Additional Insured: Yes No

Loss Payee: Yes No

Annual Request: Yes No

Send Original To: _____

Fax a Copy A.S.A.P. Yes No **Fax #:** _____

Additional Comments _____

Client: _____

Attention: _____ **Fax #:** _____

Form Completed By: _____ **Telephone #:** _____