**CANADIAN PARENTS FOR FRENCH**

**CERTIFICATE REQUEST FORM**

Please send requests to [CertificateRequestsOttawa@Marsh.com](mailto:CertificateRequestsOttawa@Marsh.com)

MARSH ENDEAVOURS TO HAVE ALL CERTIFICATES ISSUED WITHIN 24HRS OF RECEIPT, HOWEVER, NON MARSH CERTIFICATES AND/OR FORMS REQUESTED BY THIRD PARTIES NEED TO BE SIGNED BYTHE UNDERWRITER, FOR EACH COVERAGE, WHICH CAN DELAY ISSUANCE.

\*Indicates Required Fields

Date of Certificate Request (yyyy/mm/dd) Date and time the certificate is required to be issued by

(yyyy/mm/dd)

Company Requesting Certificate

CANADIAN PARENTS FOR FRENCH

MARSH CLIENT INFORMATION

Named Insured to be shown on the certificate of insurance

CANADIAN PARENTS FOR FRENCH

Name & Title of Person Requesting Certificate Phone Number Email

CERTIFICATE HOLDER INFORMATION

(i.e. INFORMATION ABOUT THE COMPANY REQUIRING EVIDENCE OF INSURANCE)

\*Name of company (Full Legal Entity Name Required) Attention of (Name & Title)

\*Mailing Address:

Email address: Fax Number:

* TYPE OF INSURANCE

REQUIRING PROOF OF COVERAGE

* REQUIRED LIMIT

Property $

Commercial General Liability $

Other: $

\*DESCRIPTION OF THE EVENT OR ADDRESS OF OWNED/LEASED PROPERTY THIS CERTIFICATE WILL BE EVIDENCING COVERAGE FOR:

COMMENTS OR SPECIAL COVERAGE REQUESTS

(i.e. NAMES OF ANY ENTITIES TO BE ADDED AS ADDITIONAL INSUREDS OR LOSS PAYEE)

\*\*\*Upon request we will review certificate requests and/or the insurance section of contracts etc. to ensure appropriate terms are evidenced.\*\*\*

Rush Certificates: If this certificate is required in less than 4 hours please ensure to include the words “RUSH” and/or “URGENT” in your email subject line.

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