

# Request for Certificate of Insurance (COI) to AON

If you have a contract please send it along with your request.  
If this is for an event, please send your request at least 10 business days prior to the event.

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

Contact Person(s) at the Parish/ School: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Email(s): \_\_\_\_\_

Parish / School (Name): \_\_\_\_\_

Parish Ledger Page Number: \_\_\_\_\_

Reason for Requesting the Certificate of Insurance:  
\_\_\_\_\_

Location of Event:  
\_\_\_\_\_

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

Lease of Equipment                      Lease #: \_\_\_\_\_

Rental of Pavilion/Building/Ball Field etc.    Date(s) of rental: \_\_\_\_\_

Other: \_\_\_\_\_

**Certificate Holder (Who is Requesting the Certificate of Insurance)**

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

Attn: \_\_\_\_\_

Address:  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

**Attach any Written Request or Contract Documents that you have received for Insurance Review. Please include any signed contract(s).**

- |   |  |
|---|--|
| <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 _____   |

