



## Certificate of Insurance Request

<b>Organization:</b> (School, Parish, etc.)  Contact person: Email address: Phone & Fax:	
---	--

<b>Certificate Holder:</b> (Company name)  Contact person: Address: City, ST zip: Phone & Fax:	
--	--

<b>Respects:</b> Date(s), time Location: Description of Event:  Give as much detail as possible	
--	--

Please email or fax this completed form to the Finance Department at the Pastoral Center:  
Fax 850- 435-3568 or [gagnond@ptdiocese.org](mailto:gagnond@ptdiocese.org)

Certificate may take 48 - 72 hours before being issued. Plan accordingly please.