



United Methodist Insurance Program

Property & Casualty Coverage for Your Ministry

THE UNITED METHODIST CHURCH

Powered By AmVenture

CERTIFICATE REQUEST

Event

Name as it reads on your policy: _____

Certificate policy number: _____

Your address

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Requestor's information

Name: _____

Title/Position: _____

Email: _____

Phone Number: _____

Alternate Phone Number: _____

The name of the entity/company/organization requesting proof that your church or ministry has insurance

Name: _____

The address of the entity/company/organization requesting proof that your church or ministry has insurance

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Effective date of event

Start: _____

End (if applicable): _____

EVENT DETAILS

Event name: _____

Location of event: _____

Full description of event:

Number of churches involved: _____

Are any vehicles being rented (yes or no): _____

If yes, please list type of vehicle(s):

How would you like to receive the certificate?

Email (provide multiple email addresses if needed)

Fax

Fax number: _____

Mail

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Please email your request to: umip@amventure.com