



United Methodist Insurance Program

Property & Casualty Coverage for Your Ministry

THE UNITED METHODIST CHURCH

Powered By AmVenture

CERTIFICATE REQUEST

Additional Insured, Loss Payee (Office Equipment), Mortgagee

(Please provide any documentation from the mortgagee or leasing company if available)

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 request

Start: _____

End (if applicable): _____

Describe what is needed and any details that are required for the request

Brand & model of equipment: _____

Serial number of equipment: _____

Lease account number: _____

Loan number: _____

Mortgage number: _____

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