



REQUEST CERTIFICATE FORM

(*REQUIRED)

First Name*:

Last Name*:

Email Address*:

Phone Number*:

What type of certificate is needed*?

- General Liability
- Property Liability

For which national store(s) numbers is the certificate needed*?

Is there a certificate holder other than your organization?

- Yes
- No

If yes, complete the questions below:

Name of Certificate Holder:

Where should we send the certificate:

(please list an email address or fax number)

How should they be listed?

- Additional Insured
- Loss Payee
- Lenders Loss Payee

Signature:

Date:

Please email the completed form to: mcdonalds@marsh.com or fax it to: 1-866-395-4725.

The information contained in this document is confidential, may be privileged, and is intended for the use of the individual or entity named above. If you are not the intended recipient, please do not read, copy, forward, use, or store this document or any of the information contained herein.

SOLUTIONS...DEFINED, DESIGNED, AND DELIVERED.

