

CANADIAN PARENTS FOR FRENCH CERTIFICATE REQUEST FORM

All certificate request should go to: SMEcertificaterequest@marsh.com
and cc Matthew.Grundy@marsh.com

MARSH ENDEAVOURS TO HAVE ALL CERTIFICATES ISSUED WITHIN 24HRS OF RECEIPT, HOWEVER, NON MARSH CERTIFICATES AND/OR FORMS REQUESTED BY THIRD PARTIES NEED TO BE SIGNED BY THE UNDERWRITER, FOR EACH COVERAGE, WHICH CAN DELAY ISSUANCE.

***Indicates Required Fields**

Date of Certificate Request (yyyy/mm/dd)	Date and time the certificate is required to be issued by (yyyy/mm/dd)
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MARSH CLIENT INFORMATION

Company Requesting Certificate CANADIAN PARENTS FOR FRENCH	Named Insured to be shown on the certificate of insurance CANADIAN PARENTS FOR FRENCH	
Name & Title of Person Requesting Certificate	Phone Number	Email

CERTIFICATE HOLDER INFORMATION

(i.e. INFORMATION ABOUT THE COMPANY REQUIRING EVIDENCE OF INSURANCE)

*Name of company (Full Legal Entity Name Required)	Attention of (Name & Title)
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*Mailing Address:

Email address:	Fax Number:
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* TYPE OF INSURANCE REQUIRING PROOF OF COVERAGE	* REQUIRED LIMIT
<input type="checkbox"/> Property	\$
<input type="checkbox"/> Commercial General Liability	\$
<input type="checkbox"/> Other:	\$

*DESCRIPTION OF THE EVENT OR ADDRESS OF OWNED/LEASED PROPERTY

THIS CERTIFICATE WILL BE EVIDENCING COVERAGE FOR:

COMMENTS OR SPECIAL COVERAGE REQUESTS

(i.e. NAMES OF ANY ENTITIES TO BE ADDED AS ADDITIONAL INSUREDS OR LOSS PAYEE)

Upon request we will review certificate requests and/or the insurance section of contracts etc. to ensure appropriate terms are evidenced.

Rush Certificates: If this certificate is required in less than 4 hours please ensure to include the words “**RUSH**” and/or “**URGENT**” in your email subject line.