

First Presbyterian Church of Conroe

Form Title: *Certificate of Insurance Request Form, FPCC Form 05106*

It is a policy of this church to require all contractors, service companies and outside groups using the church facilities to provide proof of general liability and workers' compensation insurance.

The appropriate form should be attached to this sheet, prior to any work or event occurring, naming this church as an additional insured.

Name of contractor/organization: _____

Address: _____

Contact person: _____ Title: _____

Phone number: _____

Description of activity/job/event: _____

Approximately how many people will be involved in the activity/job/event? _____

What types of activities will be included in this event (e.g., dancing, construction, climbing ladders, use of power tools, meetings, etc.)? _____

Amount of coverage: _____ Name of insurer: _____

Phone number of insurer: _____ Policy expiration date: _____

Limits of Liability: _____ Do you have an umbrella policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are all workers included under your workers' compensation policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is our church/organization named as an "additional insured"?	<input type="checkbox"/> Yes	<input type="checkbox"/> No