

# Request for Certificate of Insurance (COI) to AON

**Please send correspondence and contract along with your request, this is required.**  
If this is for an event, please send your request at least 10 business days prior to the event.

Send request to: **Katrina Brandner** – [katrina.brandner@aon.com](mailto:katrina.brandner@aon.com) (920-431-6241)

**School/Parish Name & Address.** \_\_\_\_\_

Contact: \_\_\_\_\_

Phone Number / Email: \_\_\_\_\_

Reason for requesting a Certificate of Insurance: \_\_\_\_\_

Event Description: \_\_\_\_\_

Event Date: \_\_\_\_\_

Lease/Rent/Use Facility/Location Details: \_\_\_\_\_

Event Date: \_\_\_\_\_

Lease/Rent Equipment Details: \_\_\_\_\_

Equipment details: include VIN/Serial # and Lease Number if applicable

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**Certificate Holder (who is requesting COI)**

Name of Company \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

**Attach any Written Request or Contract Documents that you have received for Insurance Review.**

**Please include any signed contract(s).**

**Check the requirements of known.**

- |   |  |
|---|--|
| <input type="checkbox"/> Liability COI        | <input type="checkbox"/> Loss Payee (Contract or written agreement required)         |
| <input type="checkbox"/> Auto COI             | <input type="checkbox"/> Additional Insured (Contract or written agreement required) |
| <input type="checkbox"/> Property COI         | <input type="checkbox"/> Mortgagee (Contract or written agreement required)          |
| <input type="checkbox"/> Workers Compensation | <input type="checkbox"/> Other _____   |