



**Zion Benefits Services, Inc.
ZBS Insurance Program
Certificate of Insurance Request Form**

Return Form Request via Fax or Email To:

Name: Zion Benefits Services, Inc.

Fax: (704) 714-1552

Email: zbsassist@amezhqtr.org

Request Date: _____ Requested By: _____

Church Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

Email Address: _____

Certificates are delivered electronically, so please include a fax number or email address for both your location and the Certificate Holder. If emailed, the certificate will be delivered by Ebix, ConfirmNet, or CertificatesNow. Certificates will be issued within 24 hours.

Name and Address of Certificate Holder:

Phone: _____

Fax: _____

E-mail address: _____

Certificate Purpose:

If this is for an event, please state type of event, location, and date. Please note that event dates cannot exceed policy term expiration date.

Special Wording: _____

Additional Insured Requested (applies to Liability only) Yes _____ No _____

Evidence of Coverage Requested Yes _____ No _____

Loss Payee Requested (applies to Property only) Yes _____ No _____