

# REQUEST FOR CERTIFICATE OF COVERAGE FROM CATHOLIC MUTUAL GROUP

Diocesan Location: \_\_\_\_\_

Address & Phone: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact & Telephone: \_\_\_\_\_

Type / Name of Event: \_\_\_\_\_

Date(s) Event being held : \_\_\_\_\_

Organization requiring certificate: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Renewal of Certificate: \_\_\_\_\_

(Number found in box, bottom left corner of certificate)

Type of Coverage Requested:

Proof of Liability Coverage

Amount of Coverage \$ \_\_\_\_\_

(Please send a complete copy of agreement/contract if available. If organization does not request specific coverage amount, we will automatically issue for \$500,000)

Certificate holder needs to be named as "Additional Insured"

(If Certificate Holder is asking to be named as an "Additional Insured", a complete copy of AGREEMENT/CONTRACT **MUST** be faxed in with this request)

Host Liquor Liability

Property Damage Coverage

Type of Equipment \_\_\_\_\_

Make/Model/Serial # \_\_\_\_\_

Replacement Cost \_\_\_\_\_

(Please verify with company you rent/lease equipment from)

Lease Agreement/Contract # \_\_\_\_\_

(A copy of lease agreement/contract **must** be faxed in with this request)

Lessee needs to be named as Loss Payee

Please fax to (402) 551-2943. Please allow 3 days for processing.

If you have any questions, please call (800) 228-6108

Please indicate how you would like to receive certificate.

U.S. Mail

Fax

Email Address: \_\_\_\_\_

Mail Certificate to Organization requesting certificate directly