

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 asan "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 re questing certificate directly

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