

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 or emailed 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 or emailed with this request)
- Lessee needs to be named as Loss Payee

Please email to sacramentocerts@catholicmutual.org or 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

Print