

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 ofAGREEMENT/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 requesting certificate directly