



REQUEST FOR CERTIFICATE OF COVERAGE FROM CATHOLIC MUTUAL GROUP

DIOCESE OF SAN BERNARDINO



Diocesan Location: _____

Address: _____

Contact, Email & _____

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:

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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)

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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)

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Host Liquor Liability

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Property Damage Coverage

Type of Equipment _____

Make/Model/Serial # _____

Replacement Cost _____

Term of Lease _____

(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)

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Lessee needs to be named as Loss Payee

Please email to sbserviceoffice@catholicmutual.org or fax to (909) 883-2931. Please allow 5 days for processing.

If you have any questions, please call (909) 886-6001.

Please indicate how you would like to receive certificate.

☐

U.S. Mail

☐

Fax

☐

Email Address: _____

☐

Mail Certificate to Organization requesting certificate directly

Print