

CERTIFICATE REQUEST FORM

PLEASE COMPLETE THIS FORM WHEN ANOTHER PARTY REQUESTS THAT YOU PROVIDE PROOF OF INSURANCE.
EMAIL TO DSEVIN@HTDIOCESE.ORG

ALL REQUESTS MUST BE REPORTED IN WRITING AT LEAST TWO WEEKS PRIOR TO INTENDED USE OF THIRD PARTY'S FACILITIES AND MUST BE ACCOMPANIED BY ANY CONTRACT, AGREEMENT, PERMIT, ETC. IN ORDER TO DETERMINE INSURANCE REQUIREMENTS.

Insured's Name for Certificate: _____

Insured's Site (Parish/School/Office) Information

Location Name: _____

Location Address: _____ Telephone: _____

Contact Name: _____ Email: _____

Reason for Certificate: ☐ Proof of Insurance Only ☐ Use of Facilities ☐ Lease ☐ Mortgage

Certificate Holder (venue/location renting - party requesting proof of insurance)

Full Legal Name: _____ Date of Request: _____

Address: _____ Date Needed By: _____

Attention/Contact Name: _____ Email: _____

Please select one or more options:

- ☐ Certificate Holder Only
 ☐ And Officers, Agents, Employees & Volunteers
 ☐ Additional Insured
 ☐ Waiver of Subrogation
☐ Second Page CG20 Endorsement (if required) _____
 ☐ Loss Payee (Property)
 ☐ Broker's Certification
☐ Mortgagee (include Loan Location, Number and Amount): _____

Date(s) Insured Will Use Certificate Holder's Facilities: _____ **Number of Participants:** _____

Coverage Required on Cert:

- ☐ Property (building & contents)
 ☐ Leased Equipment – Replacement Cost Value: \$ _____ | Lease #: _____
☐ General Liability (including property damage to third party premises)
 ☐ Automobile Liability
 ☐ Workers Compensation
☐ Other (please describe): _____

Description of Operations/Activities/Events:

Other Special Instructions/Endorsements Required: _____

Please allow 10-14 business days for completion.