



"PROOF OF INSURANCE" REQUEST FORM FOR "CERTIFICATE OF INSURANCE"

1. When the other party has required any document be signed and wants proof of insurance **please send complete, legible copy of (any PERMIT, APPLICATION, CONTRACT, AGREEMENT, LEASE or other) document, so obligations can be determined.**
2. It is required that the Pastoral Office sign any contract requesting the property owner's signature.
3. It is required that any contract over \$10,000 be reviewed and signed by the Diocese of Monterey. Written requests will be fulfilled on a priority basis; missing info may cause delays or problems with Certificate Holder.
4. **Please request 14 to 21 days ahead, but not more than 120 days.** (Rushes will be processed as needed)

DIOCESE OF MONTEREY

YOUR LOCATION NAME:

DATE REQUESTED: _____

REQUESTOR: _____

STREET: _____

CITY, STATE ZIP: _____

TELEPHONE # _____

FAX# _____

EMAIL: _____

NEW OPERATIONS/PREMISES/CONTRACTS/OR VEHICLES must be reported and covered in order to give "proof" of coverage.

THIS FORM IS FOR YOUR USE WHEN YOU NEED TO REQUEST CERTIFICATE OF COVERAGE FOR LIABILITY (i.e. Festival, Procession, Retreat, etc.) OR PROPERTY (i.e. Copier, Postage Meter, etc.); PLEASE PROVIDE THE FOLLOWING INFORMATION:

CERTIFICATE HOLDER INFORMATION (NOTE: The other party which requires you to give them "proof" of your coverage.)

THEIR FULL LEGAL NAME as it should appear on the certificate: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

REQUESTOR: _____

TITLE: _____

PHONE: _____

FAX: _____

EMAIL: _____

LIABILITY (i.e. Festival, Procession, Retreat, etc.)

Describe the activities/operations to be held: _____

The premises/location to be used : _____

The date(s) of event: _____

Special Instructions, if any: _____

The purpose of this activity, or other reason "proof of coverage" has been requested: _____

PROPERTY (i.e. Copier, Postage Meter, etc.)

Type of Equipment: _____

Term of Lease: _____

Make / Model: _____

Serial Number (s): _____

Replacement Cost Value: _____

Complete this document and **return with Contract or Agreement attached** & emailed to:

Catholic Mutual Group (CMG) attn: Emmy Torson at **memberservices@catholicmutual.org, (800) 228-6108, ext. 2324**

Name of person requesting: _____

Signature of Pastor/Principal or Business Manager: _____

Signature: _____

CERTIFICATE WILL BE EMAILED TO THE CERTIFICATE REQUESTOR AT THE DIOCESAN LOCATION, UNLESS OTHERWISE DIRECTED.