

REQUEST FOR CERTIFICATE OF INSURANCE FORM

PARISH/SCHOOL: _____

ADDRESS: _____

CONTACT & TELEPHONE: _____

TYPE/NAME OF EVENT: _____

DATE(S)/TIME OF EVENT: _____

CERTIFICATE HOLDER: _____
(i.e. Entity Requesting Certificate, Lessor, Civil Parish, School District, etc.)

ADDRESS: _____

RENEWAL OF CERTIFICATE: _____

TYPE OF COVERAGE REQUESTED:

- Proof of Liability Coverage
 - Amount of coverage: \$ _____
 - Please send a complete copy of the agreement/contract, if available. If the organization does not request a 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 with this request)
- Dram Shop (Host Liquor) Liability
- Property Damage Coverage
 - Type of Equipment: _____
 - Make/Model/Serial #: _____
 - Replacement Cost: _____
 - (Please verify this with the company you rent/lease equipment from)
 - Lease Agreement/Contract #: _____
 - A copy of a lease agreement/contract must be faxed in with this request
- Lessor Needs to be named ad Loss Payee

Please indicate how you would like to receive the certificate:

- U.S. Mail
- Fax
- Email Address: _____
- Mail Certificates to Organization requesting certificate directly

Email Form to: eraby@diobr.org | For questions call: (225) 242-0195