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 as an "Additional Insured", a complete copy of AGREEMENT/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) 551-2843. 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 requesting certificate directly

CMG 2010/11