

“PROOF OF INSURANCE” REQUEST FORM FOR “CERTIFICATE OF INSURANCE”

- 1 When the other party has required a legal 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 Recommended that Chancery review prior to signing, especially when unusual or hazardous activities involved.
- 3 Written requests will be fulfilled on a priority basis; missing info may cause delays or problems with Certificate Holder.
- 4 Please request 30 to 45 days ahead, but not more than 120 days. (Rushes will be processed as needed)
- 5 Events where participants engage in physical activity may require waivers. Contact Chancery Office.
- 6 Carnival operators must provide proof of insurance for CITY CARNIVAL PERMITS and will extend insurance protection to your organization when requested. Please advise name and address and telephone number of any carnival company or amusement device owner below. Please report early.

ROMAN CATHOLIC BISHOP OF SANTA ROSA

YOUR LOCATION NAME:

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.
IF THIS INVOLVES A CARNIVAL CHECK BOX AND GIVE INFO REQUESTED IN #6 ABOVE ON REVERSE OR SEPARATE LETTER.

THIS FORM FOR YOUR USE WHEN YOU NEED TO REQUEST CERTIFICATE OF COVERAGE; PLEASE PROVIDE THE FOLLOWING INFORMATION:

Describe the activities/operations to be held - the premises/location to be used - the dates this is occurring and the purpose of this activity, or other reason “proof of coverage” has been requested.

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:

SPECIAL INSTRUCTIONS, IF ANY:

ADDRESS:

CITY/STATE/ZIP:

ATTN:

FAX:

EMAIL:

SPECIAL INSTRUCTIONS, IF ANY:

Requestor:

Person:

Title:

Telephone:

Date Requested:

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

Catholic Mutual Group
10843 Old Mill Road
Omaha, NE 68154-2600
Attn: Broc Blanchard
Email: bblanchard@catholicmutual.org
Telephone: (800) 228-6108, ext 2364
Fax: (402) 551-2943

CERTIFICATE WILL BE MAILED TO CERTIFICATE HOLDER WITH COPY TO REQUESTING LOCATION, UNLESS OTHERWISE DIRECTED.

For Diocesan Policy or questions or forms, please contact Dave Adams or Kelly Righetti at the Chancery Office.