

REQUEST FOR CERTIFICATE OF INSURANCE FROM CATHOLIC MUTUAL GROUP

Parish / School: _____

Address: _____

Contact & Telephone: _____

Type / Name of Event: _____

Date(s) / Time of Event: _____

Certificate Holder: _____

(ie: Entity requesting certificate, Lessor, Civil Parish, School District, etc.)

Address: _____

Renewal of Certificate: _____

(Number found in box, bottom left corner of prior 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)

- Dram Shop (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)

- Lessor needs to be named as Loss Payee

Please fax to (504) 527-5799. Please allow one week for processing.
If you have any questions, please call (504) 527-5760

Please indicate how you would like to receive certificate.

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