



"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 Required that the Chancery sign any contract requesting property owner signature.
- 3 Recommended that Catholic Mutual Group review prior to signing, especially when unusual or hazardous activities involved.
- 4 Written requests will be fulfilled on a priority basis; missing info may cause delays or problems with Certificate Holder.
- 5 Please request 14 to 21 days ahead, but not more than 120 days. (Rushes will be processed as needed)
- 6 Events where participants engage in physical activity may require waivers. Contact the Catholic Mutual Group Office.
- 7 Carnival operators must provide proof of insurance 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.

DIOCESE OF SAN BERNARDINO

DATE REQUESTED: _____

YOUR LOCATION NAME: _____

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

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 & send to:

Catholic Mutual Group
1201 East Highland Avenue
San Bernardino, CA 92404
Attn: Ruben A. Luna, CPCU
Email: rluna@catholicmutual.org
Telephone: (909) 886-6001
Fax: (909) 883-9311