

REQUEST FOR PROPERTY/LIABILITY CERTIFICATE OF INSURANCE

LIABILITY CERTIFICATE

PARISH/LOCATION NAME: _____

COMPLETE ADDRESS: _____

IF A RENEWAL CERT, PLEASE GIVE FORM # FROM BOTTOM LEFT HAND CORNER: _____

DATE(S) OF EVENT: _____

DESCRIPTION OF EVENT: _____

WHO IS REQUESTING CERTIFICATE? _____

IS THERE AN AGREEMENT OR CONTRACT (IF YES, PLEASE ATTACH) _____

DO THEY NEED TO BE NAMED ADDITIONAL PROTECTED PERSON(S): _____ YES - CONTRACT ATTACHED

_____ NO - VERIFICATION ONLY

SPECIAL INSTRUCTIONS: _____

PROPERTY CERTIFICATE: (PLEASE ATTACH LEASE AGREEMENT)

LOSS PAYEE/MORTGAGEE NAME: _____

ADDRESS _____

DESCRIPTION OF PROPERTY: _____

PROPERTY VALUE: _____

LEASE TERM: _____

PERSON COMPLETING FORM: _____ DATE: _____

PHONE NO./E-MAIL: _____



CATHOLIC MUTUAL

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