

**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 GROUP**

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