

CERTIFICATE OF INSURANCE REQUEST FORM

I Which Diocese?	<input type="checkbox"/> Archdiocese of Miami <input type="checkbox"/> St. Augustine <input type="checkbox"/> Orlando X <input type="checkbox"/> Venice <input type="checkbox"/> Palm Beach <input type="checkbox"/> Pensacola/Tallahassee		
II Please write Name insured and address of your parish /school or entity name /The insured that is subsidiary(part) of the Diocese /Archdiocese	Name of insured/Church School/entity		
	Address		
	FAX	City:	Zip code:
		Phone E-mail	
III Show the following coverages	<input type="checkbox"/> General Liability/Auto/WC <input type="checkbox"/> Property <input type="checkbox"/> Fidelity <input type="checkbox"/> Professional Liability		
IV Certificate HOLDER (name of the entity requesting you for proof of insurance) IMPORTANT!!! Complete this section to avoid delays	Complete Entity name		
	Address		
		City:	Zip Code
	FAX	Phone E-mail	
V Respects/Remarks: You should attach a copy of the insurance requirement from the holder or agreement with them. Also you may list location /vehicle/equipment to be insured Specify if this is for a permit. PLEASE PROVIDE ANY DETAILS describing the purpose of this certificate			
VI Additional Interests/ Special wording for the Certificate Holder **Check applicable option	<input type="checkbox"/> Additional Insured (if you are required by contract or agreement) <input type="checkbox"/> Loss Payee (If you are required by contract or agreement)		
VII Delivery methods	Certificate holder: <input type="checkbox"/> by mail <input type="checkbox"/> by fax <input type="checkbox"/> other _____ Insured (you): X <input type="checkbox"/> other_spo@dioceseofvenice.org& _____ RENEWAL: Annually <input type="checkbox"/> One time only (i. e. event) <input type="checkbox"/>		

*Email completed request form to spo@dioceseofvenice.org
 Please be sure to complete all highlighted sections and allow 3-5 business days
 for completion.*