

## CERTIFICATE OF INSURANCE REQUEST FORM

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

*Email completed request form to [insurance@dioceseofvenice.org](mailto:insurance@dioceseofvenice.org)  
 Please be sure to complete all highlighted sections and allow 3-5 business days  
 for completion.*