# Client Request for Certificates of Insurance

**Diocese of Venice**

570000077172

**Email To**: insurance@dioceseofvenice.org

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### Requestor Information
- **Named Insured**: 
- **Address**: 
- **City, State, Zip Code**: 
- **Attention**: 
- **Telephone Number**: 

### Certificate Holder Information
- **Certificate Holder**: 
- **Address**: 
- **City, State, Zip Code**: 
- **Attention**: 

**Note**: Please attach a copy of the request from your customer, vendor, supplier, or other (if available).

### Coverage & Limit Information

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Limits Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Liability:</td>
<td>$</td>
</tr>
<tr>
<td>Auto Liability:</td>
<td>$</td>
</tr>
<tr>
<td>Garage Liability:</td>
<td>$</td>
</tr>
<tr>
<td>Excess Liability:</td>
<td>$</td>
</tr>
<tr>
<td>Workers Comp &amp; Employers Liability:</td>
<td>$</td>
</tr>
<tr>
<td>Professional Liability:</td>
<td>$</td>
</tr>
<tr>
<td>Property:</td>
<td>$</td>
</tr>
<tr>
<td>Fidelity: (Crime &amp; Fiduciary)</td>
<td>$</td>
</tr>
</tbody>
</table>

### Additional Insureds / Interests (Check all that apply)
- **Additional Insured**: 
- **Vendor**: 
- **Loss Payee**: 
- **Other**: 
- **Lessor**: 

### Waiver of Subrogation
- **General Liability**: 
- **Workers Comp & Employers Liability**: 
- **Auto Liability**: 
- **Other**

### Description/Reference/Special Instructions

### Distribution
- **Original to**:  
  - Certificate Holder: 
  - Mail: 
  - Fax #: 
  - Email: 
  - Named Insured: 
  - Mail: 
  - Fax #: 
  - Email: 
  - Other: 
  - Mail: 
  - Fax #: 
  - Email:

**Note**: Copies will be automatically sent to the Named Insured unless otherwise instructed.