## **Client Request for Certificates of Insurance - Diocese of Venice**

Email To: insurance@dioceseofvenice.org				
Standard				
Requestor Information (Ti	he entity that r	needs proof of insuranc	e shown.)	
Named Insured:			,	
Address:				
City, State, Zip Code:				
Attention:				
Telephone Number:		Fax	Number:	
Totophono Humbon				
Certificate Holder Information (The entity that is requiring proof of insurance.)				
Certificate Holder:		.,	<u> </u>	
Address:				
City, State, Zip Code:				
Attention:				
	ov of the requ	est from your custon	ner. vendor. su	ipplier, or other (if available).
	, o	ooi nom your oucton	,	ppinor, or other (in aramabio).
Coverage & Limit Informa	tion			
Coverages		Limits Required		
General Liability:		\$		
Auto Liability:		\$		
Garage Liability:		\$		
Excess Liability:		\$		
☐ Workers Comp & Employers Liability:		\$		
☐ Professional Liability:		\$		
Property:		\$		
Fidelity: (Crime & Fiduciary)		\$		
Tridelity. (Office & Fiduciary)				
Additional Insureds / Inter	rests (Check a	all that apply)		
Additional Insured:		ина аррту	☐ Vendor:	
Loss Payee:			Other:	
Lessor:				
<u> </u>			1	
Waiver of Subrogation				
General Liability	Workers	Comp & Employers Liabil	itv	
Auto Liability	Other			
Description/Reference/Special Instructions (tab to gray box below & type description/reference)				
Distribution				
Original to:	te Holder	Mail		☐ Email
☐ Named I	nsured	Mail		☐ Email
☐ Other		Mail		☐ Email
Note: This section needs to be completed to ensure the certificate is delivered to the appropriate recipient.				

Renewal

Renew Certificate Do Not Renew Certificate