

Certificate of Insurance Requests

A certificate of insurance is evidence of an insurance policy/coverage agreement for a particular organization. For parishes and organizations in the Archdiocese of Milwaukee, the document is called a certificate of coverage to more accurately reflect the archdiocese's self-insured program. When your parish, school, or organization holds an event offsite, or enters into a contract, they are frequently required to provide proof of insurance. Some common reasons for providing a certificate of insurance include:

1. Your organization is using a facility or location for a retreat, meeting, or athletic practice or event.
2. Your organization is leasing, renting or being loaned various office, computer, band or athletic equipment. The leasing company wants to be named additional insured or loss payee in the event of a third-party claim or damage to their equipment.
3. Your organization is a party to a contract that requires a certificate of insurance, showing proof of general liability, auto liability, or other specific coverage.

Catholic Mutual Group can generate a certificate of insurance at no additional cost for your parish, school, or organization. To facilitate these requests, Catholic Mutual Group requests the following information:

1. The completed Certificate of Insurance Request Form.
2. A copy of the contract, facility usage agreement, or written paperwork that provides the name of the organization requesting the certificate of insurance, event specifics, and the terms of the agreement. Catholic Mutual will review the contract to be sure the requested coverages and limits are available, and also review indemnification and subrogation language. Please do not sign the contract until our review and sign off.

A certificate of insurance request will normally take ten days to two weeks to complete, although the time required can be shortened in an emergency. Please note that a request received on a Friday afternoon for an event starting that evening or weekend cannot be properly completed. Please time your certificate requests to comply with contract provisions and permit adequate time to process.

Certificate of Insurance Request Form

Name of your parish/organization _____

Address of your organization _____

Contact person and daytime phone number _____

Name of organization requesting certificate _____

Requesting organization's contact person and phone/fax _____

Address of organization requesting certificate _____

Limits of coverage requested: General liability \$ _____

Automobile liability \$ _____

Other coverage \$ _____

Does this organization need to named Additional Insured? Yes _____ No _____

Loss Payee? Yes _____ No _____

Description of event: _____

Dates that your organization will need coverage _____

Is there a written contract or agreement? Yes _____ (if yes, please return with form)

No _____

If the agreement is attached, please return this form and the contract to:
Catholic Mutual Group, P. O. Box 178, Menomonee Falls, WI 53052
Fax: 262-255-7276; phone 262-255-6906