

# CERTIFICATE REQUEST

FORM MUST BE SAVED BEFORE COMPLETING

Certificates of Insurance are required for many reasons including, but not limited to, temporary liquor license, leasing office equipment, leasing computers, leasing property, using park facilities, using public school facilities, etc. **When requesting a certificate please submit the request at least 3 weeks before the event.** If a lease or contract has been signed, a copy of the lease or contract must accompany this request. Also if a certificate holder is requesting to be named as an **"ADDITIONAL PROTECTED / INSURED"** either the contract/lease or addendum to contract must be submitted along with the Request for Certificate of Insurance.

TO AVOID DELAY OR DENIAL OF COVERAGE, PLEASE ENSURE ALL FIELDS ARE COMPLETED AND ANY ADDITIONAL DOCUMENTS SUBMITTED AS REQUIRED

Name of Parish / Institution:			Date(s) of Event:		
			to		
Physical Address (No PO Boxes):			Type/Name of Event:		
City / State:	Zip Code:	Phone with area code:	Location of Event:		
Location Email:		Time event begins:	Time event ends:		
Contact Name:		Organization Requesting (i.e.: IL Dept. of Liquor Licensing, City, Park District, etc.):			
Contact Email:	Phone with area code:	Organization Address:			
Renewal of Certificate (number in lower left corner of certificate) if available:		City/State:	Zip Code:	Phone with area code:	

## TYPE OF CERTIFICATE REQUESTED

### PROOF OF LIABILITY COVERAGE - \$1,000,000

If additional coverage required - \$

*(A complete copy of any contract, agreement, lease, guidelines, etc., is required, if available.)*

### ADDITIONAL PROTECTED / INSURED

*(If naming the requesting organization as an "Additional Protected / Insured", a complete copy of any agreement, contract, lease, guidelines, etc., MUST be submitted with this request. If no agreement, contract, etc., is available an Addendum to Contract MUST be completed and submitted with this request)*

### LOSS PAYEE

*(If naming the requesting organization as a "Loss Payee" a complete copy of any agreement, contract, lease, guidelines, etc., MUST be submitted with this request. This is often seen with leased or rented equipment.)*

### PROPERTY DAMAGE COVERAGE

*(A complete copy of any agreement, contract, lease, etc., and must include the type of equipment; make / model / serial #: replacement cost; leasing company name and address; and lease agreement or contract #. This is usually requested with leased or rented equipment.)*

### DRAM SHOP / LIQUOR LIABILITY - required for a temporary liquor license

Please email to: [mblock@catholicmutual.org](mailto:mblock@catholicmutual.org) or [aschallmoser@cdop.org](mailto:aschallmoser@cdop.org) or fax (309-671-1580).  
Please allow a minimum of 5 days for processing. Certificates of Insurance will be returned to the location via email.