

DIOCESE OF FORT WAYNE/SOUTH BEND

REQUEST FOR PROPERTY AND/OR LIABILITY CERTIFICATE

DATE: _____

PARISH/LOCATION NAME: _____

COMPLETE ADDRESS: _____

IF A RENEWAL CERT, PLEASE GIVE FORM # FROM BOTTOM LEFT HAND CORNER: _____

DATE(S) OF EVENT: _____

EVENT: _____

WHO IS REQUESTING CERTIFICATE?: _____

IS THERE AN AGREEMENT OR CONTRACT (IF YES, PLEASE ATTACH) _____

DO THEY NEED TO BE NAMED ADDITIONAL PROTECTED PERSON(S)?: _____ YES - CONTRACT ATTACHED

_____ NO - VERIFICATION ONLY

SPECIAL INSTRUCTIONS: _____

FAX/E-MAIL INFORMATION, IF APPLICABLE: _____

PROPERTY CERTIFICATE: (PLEASE ATTACH LEASE AGREEMENT)

LOSS PAYEE/MORTGAGEE NAME: _____

ADDRESS: _____

DESCRIPTION OF PROPERTY: _____

PROPERTY VALUE: _____

LEASE TERM: _____

FOR INTERNAL USE ONLY: _____



CATHOLIC MUTUAL GROUP

10843 Old Mill Road

Omaha NE 68154-2600

(800) 228-6108

(402) 551-2943 - FAX