



Diocese of
San Jose

Insurance & Risk Management

Certificate of Insurance Request Form General Liability

Parish/School Information	
Location Name:	Location #:
Location Address:	Telephone:
Contact Name:	Email:
<p>NOTICE TO ADMINISTRATORS/SUPERVISORS: THIS FORM MUST BE COMPLETED AND SUBMITTED TO THE RISK & INSURANCE MANAGEMENT DEPARTMENT WHENEVER ANOTHER PARTY REQUESTS THAT YOUR PARISH/SCHOOL PROVIDE PROOF OF INSURANCE AND AT LEAST TWO WEEKS BEFORE THE INTENDED USE OF THE OTHER PARTY'S FACILITIES. ALL REQUESTS MUST BE REPORTED IN WRITING. EMAIL TO THERESA LAVOUN LAVOUN@DSJ.ORG QUESTIONS CALL: 408-983-0237.</p> <p>THIS FORM MUST BE ACCOMPANIED BY YOUR CONTRACT, AGREEMENT, PERMIT, ETC. IN ORDER TO DETERMINE REQUIRING PARTY'S INSURANCE REQUIREMENTS.</p>	
Party Requesting Proof of Insurance Information	
Full Legal Name:	And Officers, Agents & Employees
Other Organization:	Date of Request:
Address:	Telephone:
Attention:	Facsimile:
Date(s) Parish/School Will Use Party's Facilities:	Approximate Number of Participants:
Parish/School Contact Name:	Email:
Description of Activities/Events Parish/School Will Hold in Party's Facilities:	
Special Instructions:	
Request Authorization	
FORM MUST BE COMPLETED IN ALL RESPECTS, SIGNED AND DATED TO AUTHORIZE THE REQUEST.	
Form Completed By:	Date Completed:
Position/Title:	Telephone:
Risk & Insurance Management Use Only	
Form Received By:	Date Received:

Updated 04/2018