

The Catholic Diocese of Shreveport

Certificate- Request Form

Requested by:									
Contact Name:									
Phone: Email:									
Named insured: Diocesan entity/Church or school									
Complete name:									
Address:									
City:					Zip Code:				
Email:					Phone:		Fax:		
Coverages needed (Only check the applicable options)									
	GL		Property					Fidelity	
	WC	Ш	Business Pro	perty(for Contents/F	Rental or leasing of	equipment including the	heft)	E&O	
	Auto							Other	
Certificate Holder: entity asking for the insurance									
Complete name:									
Address:									
City:					Zip Code:				
Email:				Phone:		Fax:	ax:		
Special interest: (Please attach a copy of one of the following if available: insurance requirement, contract agreement, lease contract)									
	Proof of Insurance								
	Additional Insured (if you are required by agreement)								
	Waiver of Subrogation								
	Loss Payee (if you are required by agreement)								
	Other								
Remarks: Please provide any details describing the purpose of this certificate (E.g. value of equipment, serial number, event type and									
date(s), contract number, etc.)									
Delivery distribution:									
		U.S. Postal Ema		il address		Fax I	Fax No.		
Nam	ed insured:		Service						
Certificate holder:									
Other:									
Other:									
Please forward completed request form to: Diocese of Shreveport Business Office at									
<u>busoffice@dioshpt.org</u>									
Processing time, please check: Standard 48 hours upon receipt Rush (if event will occur in less than 24 hrs.)									
If you may have any questions, please contact: Business Office at 318-272-7270.									