




# The Catholic Diocese of Shreveport

## Certificate- Request Form

<b>Requested by:</b>			
Contact Name:			
Phone:		Email:	
<b>Named insured :</b> Diocesan entity/Church or school			
Complete name:			
Address:			
City:		Zip Code:	
Email:		Phone:	Fax:
<b>Coverages needed</b> (Only check the applicable options)			
<input type="checkbox"/> GL	<input type="checkbox"/> Property	<input type="checkbox"/> Fidelity	
<input type="checkbox"/> WC	<input type="checkbox"/> Business Property( for Contents/Rental or leasing of equipment including theft)	<input type="checkbox"/> E&O	
<input type="checkbox"/> Auto		<input type="checkbox"/> Other	
<b>Certificate Holder :</b> entity asking for the insurance			
Complete name:			
Address:			
City:		Zip Code:	
Email:		Phone:	Fax:
<b>Special interest:</b> (Please attach a copy of one of the following if available: insurance requirement, contract agreement, lease contract)			
<input type="checkbox"/> Proof of Insurance			
<input type="checkbox"/> Additional Insured (if you are required by agreement)			
<input type="checkbox"/> Waiver of Subrogation			
<input type="checkbox"/> Loss Payee (if you are required by agreement)			
<input type="checkbox"/> Other			
<b>Remarks:</b> 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.)			
<b>Delivery distribution:</b>			
	U.S. Postal Service	Email address	Fax No.
Named insured:	<input type="checkbox"/>		
Certificate holder:	<input type="checkbox"/>		
Other: _____	<input type="checkbox"/>		
Other: _____	<input type="checkbox"/>		
 Please forward completed request form to: Diocese of Shreveport Business Office at <a href="mailto:busoffice@dioshpt.org">busoffice@dioshpt.org</a>			
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.			