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For overnight delivery use 1100 West Wells Street, Milwaukee, WI 53233

## CERTIFICATE OF LIABILITY REQUEST FORM

Today's date:	Chapter #:	Name/Location:		
Name of event:				
		Time of event:		
Is there a written contrac	ct between the venue an	d chapter? If so, please attac	n a copy of the	e contract. <sup>1</sup>
Will food be served?	If so, will it be catere	ed? If so, what is the name of	the caterer? _	
If you are hiring a catere	r, please request a certi	ficate of liability from the vendor. <sup>2</sup>		
Will alcohol be served?	If so, is it free or v	will members pay for alcoholic bevera	ages?	
Will a paid bartender be	utilized? If so, ple	ease request a certificate of liability fo	om the vendo	r and a copy of the
bartender(s) license/cert	tificate. <sup>2</sup>			
What is the interest of th	e Diocese if they are red	questing to be named as an addition	al insured?	
Do you require any revis	sed wording and/or cove	rage? If so, please describe what yo	ur needs are: <sub>.</sub>	
		ertificate by mail, email or fax?		
Send certificate to the at Mailing Address:	tention of:	City:	State:	Zin Code:
Phone:	Fax:	City: Email:	Otate	2ip 00de
This request submitted b				
Would you like a copy of Mailing Address:	t the certificate?F	Preference: Mail, Email or Fax? To: _ City:	State:	Zin Code:
Phone:	Fax:	Email:	0.0.0	Zip Codo

- 1. A copy of the contract is necessary if Additional Insured, Waivers or 30-day cancellation endorsements are required.
- 2. The chapter should request a certificate of liability from any persons or vendors that will be hired in association with the event.
- 3. The insurance company will not allow the cancellation clause on the certificate to be edited in any way.
- 4. Individuals cannot be named on the certificate for any purpose other than for an event being held in a personal home or space.