



## Request – Proof of Diocesan Insurance

Occasionally a school or parish will be asked to provide proof of their insurance coverage. The Risk Management Office issues all certificates requested by outside agencies.

**Instructions:** Please complete the appropriate fields on this page and either fax (703-778-9118) or email to the Office of Risk Management ([m.stewart@arlingtondiocese.org](mailto:m.stewart@arlingtondiocese.org)).

<p><b>Application From</b> (Name and location of Diocese of Arlington Parish/School/Unit)</p>     <p>Contact Person:</p> <p>Email:</p>	<p><b>Issue Certificate to</b> (Name and address of agency or organization requesting certificate from the Diocese of Arlington)</p> <p>Full Agency Name:</p> <p>Address:</p> <p>City:</p> <p>State: <span style="float: right;">Zip Code:</span></p> <p>Contact Person:</p> <p>Email:</p> <p>Fax Number:</p>
<p><b>1) Reason for Certificate:</b></p>	
<p><b>2) Description of Activity or Program:</b> (i.e.; name of special event, team sport, traffic control)</p>	
<p><b>3) Start Date of Activity:</b></p>	<p><b>End Date:</b></p>
<p><b>4) Are you required to list this agency as additional insured?</b> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, what is the name of the additional insured?</p> <p><i>If this is part of a contract or use agreement, please attach a copy of the specific insurance requirement.</i></p>	
<p><b>5) Is this certificate for leased property or equipment?</b> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Describe the property:</p> <p>Lease or Contract Number:</p> <p>Value of the Property:</p>	

The certificate of insurance will be issued to the email addresses or fax number listed above. Please allow four business days to obtain the certificate. Contact the Risk Management Office if you have any questions: 703-841-2503.