

**Certificate of Insurance Request
Diocese of Kansas City – St. Joseph**

RETURN TO: Monica Adams
Fax # 816 756-5572
adams@diocesekcsj.org
Phone 816 714-2316

Request Date: _____ *Standard processing time is 3-5 business days.*

Parish Name and City: _____

Person Requesting: _____

Phone: _____

E-mail address: _____

Certificates are delivered electronically, so please include your fax number or e-mail address

Name & Address of Certificate Holder: _____
(organization requesting proof of coverage)

Address _____

City, State, ZIP _____

Date(s) of the Event: _____

Certificate Purpose and special wording; include dates whenever applicable:

If there is a contract with specific wording, please attach a copy of the contract with this request to ensure that the certificate includes this.

Additional Insured Requested (applies to liability only)	Yes _____	No _____
Evidence of Coverage Requested	Yes _____	No _____
Loss Payee Requested (applies to property only)	Yes _____	No _____