

OAKLAND DIOCESE CATHOLIC YOUTH ORGANIZATION (CYO)  
"PROOF OF INSURANCE" REQUEST FORM FOR "CERTIFICATE OF INSURANCE"

To be completed by the parish athletic director, CYO league officer or parish official and submitted to the Diocesan CYO Office.

- When an agency with a facility that a CYO parish or league wants to use and the agency has required a legal document to be signed and wants proof of insurance, please send or fax a copy of this form to the CYO Office.
- **This form must have a copy attached of any Permit, Application, Contract, Agreement of Lease or any other document so that any obligations can be determined and fulfilled.**
- Requests with missing information may be delayed.
- Requests must be submitted to the CYO Office at least 3 weeks prior to first use.
- Only the pastor, parish administrator, Catholic school principal, parish representative designated by the pastor, parish athletic director or designated CYO league officer may sign any document regarding use of facilities.

**NAME INSURED:** Roman Catholic Bishop of Oakland, A Corporation Sole, Et Al.

Parish/Catholic School Name/ CYO League Name \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

City /State / Zip \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

**REQUEST FOR CERTIFICATE OF INSURANCE FOR THE FOLLOWING:**

(USE/LEASE/RENTAL OF)

Premises and locations to be used: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Dates of use: \_\_\_\_\_

Sports to be played: \_\_\_\_\_

**CERTIFICATE HOLDER** (the other party which requires you to give them "proof of insurance")

THEIR FULL LEGAL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

ATTN: \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

SPECIAL INSTRUCTIONS (e.g. minimum insurance requirements, request to be named as "additional insured"): \_\_\_\_\_

\_\_\_\_\_

Complete this form, **attach a copy of Contract or Agreement**, and return to:  
Oakland Diocese CYO, 2121 Harrison Street, Oakland, CA 94612. (Fax 510.834.5498)

Requested by \_\_\_\_\_ Title \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Date \_\_\_\_\_

Certificate mailed to the Certificate Holder with a copy to requesting location unless otherwise directed.

For questions, please contact CYO at (510) 893-5154  
or the Diocesan Office of Insurance and Benefits (510) 893-4711.