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.