

**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.