



# DIOCESE OF VICTORIA LIABILITY CERTIFICATE REQUEST



To: CapriCMW Insurance and Diocese of Victoria  
Fax: 1-250-860-1213 or 1-250-479-5423  
Email: [apexadmin@capri.ca](mailto:apexadmin@capri.ca) & [insurance@rcdvictoria.org](mailto:insurance@rcdvictoria.org)

Parish/School: Contact person:  
Email: Fax:  
Tel: Date:

Re: Liability Certificate Request

Location:  
Event/Usage:  
Date of Event:

Recipient of Certificate:

Name:  
Address:  
Contact Person:  
Fax#:  
E-mail:

Do we need to add anyone to our policy as an additional insured with respect to this certificate? YES  NO

If yes, name of party to be added: