



# DIOCESE OF VICTORIA PROPERTY CERTIFICATE REQUEST



To: CapriCMW Insurance/ Diocese of Victoria  
 Fax: 1-250-860-1214 / 1-250-479-5423  
 Email: [apexadmin@capri.ca](mailto:apexadmin@capri.ca) & [insurance@rcdvictoria.org](mailto:insurance@rcdvictoria.org)  
 Parish/School: Contact person:  
 Email: or Fax:  
 Tel: Date:

Episcopal Corporation: Diocese of Victoria  
 Property #:  
 Property Address:

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

Description of Event:  
 Date of Event:

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, & please forward a copy of the contract: