



# 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@capricmw.ca](mailto:apexadmin@capricmw.ca) & [insurance@rcdvictoria.org](mailto:insurance@rcdvictoria.org)

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

Re: Liability Certificate Request
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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: