

OH
(STATE)

INSURANCE IDENTIFICATION CARD

COMPANY NUMBER COMPANY COMMERCIAL PERSONAL
Self Insured Per 4509.72 ORC

POLICY NUMBER EFFECTIVE DATE EXPIRATION DATE
CERT # 01 - 02 1/1/2019 1/1/2020

YEAR MAKE/MODEL VEHICLE IDENTIFICATION NUMBER
***** Fleet *****

AGENCY/COMPANY ISSUING CARD
Diocesan Master Insurance Program
1404 East Ninth Street, 8th Floor
Cleveland OH 44114 (216)696-6525 x 3400

INSURED
[The Roman Catholic Diocese of Cleveland
& Participants of the Diocesan
Master Insurance Program
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SEE IMPORTANT NOTICE ON REVERSE SIDE

Web Address: www.discplan.org

THIS CARD MUST BE KEPT IN THE INSURED
VEHICLE AND PRESENTED UPON DEMAND

SEE CLAIM INFO BELOW:

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

If an insured vehicle is involved in a collision and/or sustains physical damage, you must report the incident to The Diocesan Property/Casualty Claims Department within 24 hours of the occurrence. Claims can be reported by phone, fax or email.

PHONE: 216-696-6525, 800-869-6525 EXT 3400 (MON - FRI 8:30 AM - 5:00 PM)
24 HOUR A DAY REPORTING AVAILABLE ON VOICEMAIL
FAX: 216-861-0406 / EMAIL: KATHY AT KPIERCE@DIOCESEOFCLEVELAND.ORG

**PLEASE PRINT AS
MANY COPIES AS
YOU NEED**