

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      1/1/2024      1/1/2025

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, 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**