

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

1/1/2025

1/1/2026

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](http://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

ACORD 50 (2007/02)

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