



Certificate of Liability Instructions

when the Diocese receives a certificate of insurance from a vendor

ACORD **CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YYYY) **1**

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER 2	CONTACT NAME:		
	PHONE (A/C, No, Ext):	FAX (A/C, No):	
INSURED 3	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A:	INSURER B:	4
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR (W/AM)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
5	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>	9		24		EACH OCCURRENCE \$ 11 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 12 MED EXP (Any one person) \$ 13 PERSONAL & ADV INJURY \$ 14 GENERAL AGGREGATE \$ 15 PRODUCTS - COMPROP AGG \$ 16
6	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO <input type="checkbox"/> LOC <input type="checkbox"/>					
7	AUTOMOBILE LIABILITY ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/>			25		COMBINED SINGLE LIMIT (Ea accident) \$ 17 BODILY INJURY (Per person) \$ 18 BODILY INJURY (Per accident) \$ 19 PROPERTY DAMAGE (Per accident) \$ 20
8	UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/>					EACH OCCURRENCE \$ 21 AGGREGATE \$ 22
10	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			18		WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 23 E.L. DISEASE - EA EMPLOYEE \$ 24 E.L. DISEASE - POLICY LIMIT \$ 25
11	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)					
12	CERTIFICATE HOLDER					
13	CANCELLATION					
14	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
15	AUTHORIZED REPRESENTATIVE					

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- Date should be current
- Insurance broker name and address
- Tenant, vendor or contractor name and address
- Insurance carriers who insure the policies (A.M. Best Rating **www.ambest.com**)* recommended Rating at Least A+ VIII
- Covers third-party claims (bodily injury, property damage, wrongful eviction, construction defect)
 - Tenants need this coverage; they are responsible for what happens in their space.
 - Contractors/vendors need to protect you from claims from their work.
- Ok for single location tenants and consultants.
- Per project box should be checked 12 for contractors and vendors who perform work, so that claims/losses from other projects won't impact limits available to you.
- Per location box should be checked for tenants with multiple locations (e.g. Starbucks, banks), so that losses from other locations do not impact limits available to you.
- Check to show you are additional insured.
- Occur should be checked.
- Amount the policy will pay for any one event/claim, should be at least \$1,000,000.
- Maximum amount this policy will pay (regardless of the number of claims), should be at least \$1,000,000.
- Maximum amount the policy will pay for products and completed operations (a specific dollar amount should always be listed for contractors), should be at least \$1,000,000.
- At the very minimum, one of these boxes should be checked.
- Either umbrella or excess liability is okay.
 - Increases limits of general liability, auto and employers liability
- Maximum amount the policy will pay for any one claim (increases each occurrence limit of general liability, auto and employers liability)

*Must be A-VIII or better rating.

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PRODUCER 2	CONTACT NAME: PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____ INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : _____ INSURER B : _____ INSURER C : 4 _____ INSURER D : _____ INSURER E : _____ INSURER F : _____
INSURED 3	

COVERAGES **CERTIFICATE NUMBER:** _____ **REVISION NUMBER:** _____

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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
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	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-ECT <input type="checkbox"/> LOC					
6	AUTOMOBILE LIABILITY					EACH OCCURRENCE \$ 21 AGGREGATE \$ 22
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					
7	UMBRELLA LIAB					EACH OCCURRENCE \$ 23 AGGREGATE \$ 24
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED \$ _____ RETENTION \$ _____					
8	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATUTORY LIMITS \$ 25 OTHER \$ 26 E.L. EACH ACCIDENT \$ 27 E.L. DISEASE - EA EMPLOYEE \$ 28 E.L. DISEASE - POLICY LIMIT \$ 29
	<input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					
9	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)					
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CERTIFICATE HOLDER **CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE _____

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17. Maximum amount the policy will pay regardless of the number of claims (increases aggregate limit of general liability, auto and employers liability)
18. Check to show their workers compensation carrier cannot look to your general liability policy to pay claims.
19. Always should be checked (Except in WA, WY, OH, ND).
20. Each limit should be listed.
21. Other coverages required by the contract may be evidenced here (liquor, liability, environmental, professional liability)
22. Description of job, contract number, or tenant space
 - The following should be evidenced:
 - » Primary and noncontributory (this means their insurance comes first and yours is excess)
 - » Additional Insured (contractors & Vendors should attach a copy of the endorsement)*
 - » Waiver of Subrogation should be evidenced
 - * The additional insured endorsement may state "Additional Insured by written contract" and not list all entities. As long as you have a contract in force this is acceptable. For contractors performing work the additional insured endorsement should provide coverage for on-going and completed operations.
23. Diocese of Venice, Bishop and Diocesan location(church and or school)
24. Be sure to check dates of coverage. Policy should be in force.
25. This limit is typically listed as "Included" or \$1,000,000.

- Companies such as lawn maintenance, exterminator service, janitorial service, etc., working on Diocesan property must provide insurance certificates showing current insurance coverage for General Liability and Workers' Compensation, prior to commencing work. The Pastor, principal or Administrator is responsible for obtaining the first certificate and renewals thereof.
- Limits of at least \$1,000,000 should be required. Higher limits may be needed in certain cases. Contact your Chancery office (Pastoral center) when in doubt.
- If any Diocesan property is rented or provided to others for gatherings, the individual organization will be required to provide a certificate of insurance naming the Entity, the Diocese of Venice and the Bishop as "ADDITIONAL INSURED."