

Catholic Mutual. . ."CARES"

HOW DO I KNOW IF MY PARISH HAS BEEN NAMED AS AN "ADDITIONAL INSURED?"

Many parishes have a difficult time determining when they have been named as an additional insured on a tenant, contractor or facility user insurance policy. Parishes often obtain a certificate of insurance, which names the parish as a "certificate holder." Please refer to Exhibit A where St. Augustine Parish has been named as a "certificate holder." It is not adequate to be named as a "certificate holder."

The insurance certificate furnished to the parish by the tenant, contractor or facility user must indicate in writing that both the parish and the Arch/Diocese are named as an additional insured. Please refer to Exhibits B and C for examples of certificates of insurance where parishes have been named as an additional insured. Please note that not every certificate of insurance naming the parish and the Arch/Diocese as an additional insured will look like Exhibits B and C. However, somewhere on the certificate the words additional insured must appear.

It is very important that the parish be listed as an additional insured rather than as a "certificate holder." As a "certificate holder," the parish has no legal rights under a tenant, contractor or facility user's insurance policy. However, when the parish has been named as an additional insured, the insurance policy of the tenant, contractor or facility user must defend the parish against claims, which resulted from tenant, contractor or facility user operations at the parish. The purpose of being named as an additional insured is to reduce the number of dollars spent on claims not related to parish activities. Therefore, it is essential that parishes verify that both the parish and the Arch/Diocese have been named as an additional insured.

Since a contractor, tenant, facility user or parish festival vendor will have to make a specific request to their insurance company to get the parish named as an additional insured, it is important to inform them of this requirement well in advance.

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

PRODUCER
 Palmer & Cay/Carswell, Inc.
 Girl Scout Accounts
 P.O. Box 847
 Savannah, GA 31402

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED
 ABC Company

INSURERS AFFORDING COVERAGE
 INSURER A: St. Paul Fire & Marine Ins. Company
 INSURER B:
 INSURER C: EXHIBIT "A"
 INSURER D:
 INSURER E:

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	EXHIBIT "A"			EACH OCCURRENCE \$1,000,000
					FIRE DAMAGE (Any one fire) \$250,000
					MED EXP (Any one person) \$ 5,000
					PERSONAL & ADV INJURY \$1,000,000
					GENERAL AGGREGATE \$10,000,000
					PRODUCTS - COMP/OP AGG \$10,000,000
					GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER				EXHIBIT "A"

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 AS RESPECT TO ACTIVITIES OF ABC COMPANY

CERTIFICATE HOLDER
 Carmelite Monastery
 2530 S. Howell Avenue
 Anywhere, USA 98765

ADDITIONAL INSURED; INSURER LETTER: _____ **CANCELLATION**
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
 AUTHORIZED REPRESENTATIVE

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

PRODUCER
 Adams Insurance Service
 11046 W. Blumound
 P.O. Box 26308
 Milwaukee, WI 53226

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INSURERS AFFORDING COVERAGE

INSURED
 Construction, Inc.

INSURER A: Heritage Mutual Ins. Company
 INSURER B:
 INSURER C: EXHIBIT "B"
 INSURER D:
 INSURER E:

COVERAGES

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INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	965541	06/01/94	06/01/95	EACH OCCURRENCE \$ 1,000 FIRE DAMAGE (Any one fire) \$ 50 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000 GENERAL AGGREGATE \$ 1,000 PRODUCTS - COMP/OP AGG \$ 1,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	965541	06/01/94	06/01/95	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO	EXHIBIT "B"			AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	965541	06/01/94	06/01/95	WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ 100 E.L. DISEASE - EA EMPLOYEE \$ 100 E.L. DISEASE - POLICY LIMIT \$ 500
	OTHER				EXHIBIT "B"

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

*ADDITIONAL INSURED IS ADDED FOR LIABILITY - MEMBER ORGANIZATION IS ADDED AS ADDITIONAL INSURED
 CARMELITE MONASTERY ONLY VALID WHEN CONSTRUCTION, INC. IS CONDUCTING THEIR OPERATIONS

CERTIFICATE HOLDER
 Carmelite Monastery
 Box 178
 Anywhere, USA 98765

ADDITIONAL INSURED; INSURER LETTER: _____

CANCELLATION
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
 AUTHORIZED REPRESENTATIVE
 Sue Rindal

B

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

PRODUCER
 Willis Corroon Corporation of Wisconsin, Inc.
 One Plaza East, Suite 1400
 100 East Kilbourn Avenue
 Milwaukee, WI 53202-3196 (414)271-9800

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INSURED
 Day Care, Inc.

INSURERS AFFORDING COVERAGE
 INSURER A: National Union Fire Insurance of Pittsburgh
 INSURER B: Travelers Indemnity Company (The)
 INSURER C: Northfield Insurance Company
 INSURER D: EXHIBIT "C"
 INSURER E:

COVERAGES

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INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	MLG5264304	02/09/95	02/09/96	EACH OCCURRENCE \$ 1,000,000
	FIRE DAMAGE (Any one fire) \$ 50,000				
	MED EXP (Any one person) \$ 5,000				
	PERSONAL & ADV INJURY \$ 1,000,000				
	GENERAL AGGREGATE \$ 3,000,000				
	PRODUCTS - COMP/OP AGG \$ 3,000,000				
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	I810721J5170IND95	02/09/95	02/09/96	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	BODILY INJURY (Per person) \$				
	BODILY INJURY (Per accident) \$				
	PROPERTY DAMAGE (Per accident) \$				
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
					OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
C	EXCESS LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$	UL004446	02/09/95	02/09/96	EACH OCCURRENCE \$ 1,000,000
					AGGREGATE \$ 1,000,000
					\$
					\$
					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS OTH-ER
					E.L. EACH ACCIDENT \$
					E.L. DISEASE - EA EMPLOYEE \$
					E.L. DISEASE - POLICY LIMIT \$
	OTHER	EXHIBIT "C"			

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 1. Certificate Holder: Carmelite Monastery
 2. Certificate Holder is named Additional Insured, but ONLY with respect to liability arising out of Operations/Premises Owned by or Rented to Day Care, Inc.

CERTIFICATE HOLDER Carmelite Monastery 321 South 4th Street Anywhere, USA 98765	ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
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