

<div style="display: flex; justify-content: space-between; align-items: center;"> <span style="font-size: 1.2em; font-weight: bold; text-decoration: underline;">SAMPLE</span> <span style="font-size: 1.2em; font-weight: bold;">CERTIFICATE OF LIABILITY INSURANCE</span> <div style="text-align: right; font-size: 0.8em;"> Date (MM/DD/YY)  OP ID BW  NORME-1 </div> </div>						
PRODUCER  <div style="border: 1px solid black; padding: 10px; text-align: center; font-size: 1.2em; font-weight: bold; margin: 10px auto; width: 80%;">INSURANCE BROKER / AGENT</div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> Phone No. _____ Fax No. _____ </div>			THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHT UPON THE CERTIFICATE HOLDER, THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. <b>COMPANIES AFFORDING COVERAGE</b> <div style="border: 1px solid black; padding: 2px; font-size: 0.7em;">COMPANY A</div> <div style="border: 1px solid black; padding: 2px; font-size: 0.7em;">COMPANY B</div> <div style="border: 1px solid black; padding: 2px; font-size: 0.7em;">COMPANY C</div> <div style="border: 1px solid black; padding: 2px; font-size: 0.7em;">COMPANY D</div>			
INSURED  <div style="border: 1px solid black; padding: 10px; text-align: center; font-size: 1.2em; font-weight: bold; margin: 10px auto; width: 80%;">INSURED</div>						
COVERAGES						
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.						
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	123456789	MM/DD/YY	MM/DD/YY	GENERAL AGGREGATE	\$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS – COMP/OP AGG	\$1,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY	\$1,000,000
	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE	\$1,000,000
	[WHEN REQUIRED]				FIRE DAMAGE (Any one fire)	\$ 50,000
					MED EXP (Any one person)	\$ 5,000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	\$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE	\$
	<input type="checkbox"/> HIRED AUTOS					
	NON-OWNED AUTOS					
	[WHEN REQUIRED]					
	GARAGE LIABILITY				AUTO ONLY – EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:	\$
	[WHEN REQUIRED]				EACH ACCIDENT	\$
					AGGREGATE	\$
	EXCESS LIABILITY				EACH OCCURRENCE	\$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE	\$
	OTHER THAN UMBRELLA FORM					\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC 123456890	MM/DD/YY	MM/DD/YY	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER	
	THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE <input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL				EL EACH ACCIDENT	\$1,000,000
					EL DISEASE – POLICY LIMIT	\$1,000,000
					EL DISEASE – EA EMPLOYEE	\$1,000,000
A	OTHER	123456789	MM/DD/YY	MM/DD/YY		
	<input checked="" type="checkbox"/> HOST AND/OR LIQUOR LIABILITY				EACH OCCURRENCE	\$1,000,000
	[WHEN REQUIRED]					
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS  <b>RE: Operations of the Insured on premises of the certificate holder</b> Certificate holder and _____ (Church or School–use corporate name) are included as Additional insured as per form CG 00 00 00 00 attached						
CERTIFICATE HOLDER			CANCELLATION			
<div style="text-align: right; font-size: 0.8em; margin-bottom: 5px;">ARCH001</div> Archdiocese of Portland in Oregon _____ (Church or School) 2838 E. Burnside Street Portland, OR 97214-1895			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.  <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
SAMPLE			INSURANCE CERTIFICATE			

ADDITIONAL INSURED ENDORSEMENT FORM

POLICY NUMBER: **1234567890**

COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION**

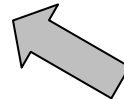
This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

**SCHEDULE**

**Name of Person or Organization:**

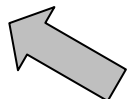
**Archdiocese of Portland in Oregon and \_\_\_\_\_** (*Church or School – use corporate name*) **including their officers employees and volunteers**



(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement).

WHO IS INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule as an insured but only with respect to liability arising out of your operations or premises owned by or rented to you.

**This insurance is primary and not contributing with any insurance or self-insurance of the Archdiocese of Portland in Oregon.**



**SAMPLE**