

SAMPLE					CERTIFICATE OF LIABILITY INSURANCE	
					Date (MM/DD/YY)	OP ID BW NORME-1
PRODUCER <div style="border: 1px solid black; padding: 5px; text-align: center;">INSURANCE BROKER / AGENT</div>					THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS NO RIGHT UPON THE CERTIFICATE HOLDER, THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. COMPANIES AFFORDING COVERAGE	
Phone No. Fax No. INSURED <div style="border: 1px solid black; padding: 5px; text-align: center;">INSURED</div>					COMPANY A COMPANY B COMPANY C COMPANY D	
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
					FIRE DAMAGE (Any one fire)	\$ 50,000
	[WHEN REQUIRED]				MED EXP (Any one person)	\$ 5,000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	\$
	ANY AUTO				BODILY INJURY (Per person)	\$
	ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	SCHEDULED AUTOS				PROPERTY DAMAGE	\$
	HIRED AUTOS					
	NON-OWNED AUTOS					
	[WHEN REQUIRED]				AUTO ONLY – EA ACCIDENT	\$
	ANY AUTO				OTHER THAN AUTO ONLY:	\$
					EACH ACCIDENT	\$
	[WHEN REQUIRED]				AGGREGATE	\$
	EXCESS LIABILITY				EACH OCCURRENCE	\$
	UMBRELLA FORM				AGGREGATE	\$
	OTHER THAN UMBRELLA FORM					\$
	[WHEN REQUIRED]					
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC 123456890	MM/DD/YY	MM/DD/YY	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	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
	[WHEN REQUIRED]					
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS						
RE: Operations of the Insured on premises of the certificate holder Certificate holder and _____ (<i>Church or School</i> —use corporate name) are included as Additional insured as per form CG 00 00 00 00 attached						
CERTIFICATE HOLDER			CANCELLATION			
Archdiocese of Portland in Oregon (Church or School) 2838 E. Burnside Street Portland, OR 97214-1895			ARCH001	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.		
			AUTHORIZED REPRESENTATIVE			
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

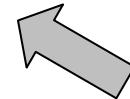
This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

Name of Person or Organization:

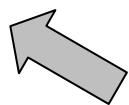
**Archdiocese of Portland in Oregon and _____ (Church or
School – use corporate name) including their officers employees and volunteers**



(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