

SAMPLE		CERTIFICATE OF LIABILITY INSURANCE							Date (MM/DD/YY)		
PRODUCER									OP ID BW NORME-1		
		INSURANCE BROKER / AGENT									
Phone No.		Fax No.									
INSURED											
		INSURED									
COVERAGES											
<p>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.</p>											
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			
	<input type="checkbox"/>	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE		\$1,000,000			
	<input type="checkbox"/>	[WHEN REQUIRED]				FIRE DAMAGE (Any one fire)		\$ 50,000			
A	AUTOMOBILE LIABILITY		123456789	MM/DD/YY	MM/DD/YY	MED EXP (Any one person)		\$ 5,000			
	<input checked="" type="checkbox"/>	ANY AUTO				COMBINED SINGLE LIMIT		\$5,000,000			
	<input type="checkbox"/>	ALL OWNED AUTOS				BODILY INJURY (Per person)		\$			
	<input type="checkbox"/>	SCHEDULED AUTOS				BODILY INJURY (Per accident)		\$			
	<input type="checkbox"/>	Hired AUTOS				PROPERTY DAMAGE		\$			
	NON-OWNED AUTOS					AUTO ONLY – EA ACCIDENT		\$			
	<input type="checkbox"/>	[WHEN REQUIRED]				OTHER THAN AUTO ONLY:		\$			
	<input type="checkbox"/>					EACH ACCIDENT		\$			
	<input type="checkbox"/>					AGGREGATE		\$			
	<input type="checkbox"/>							\$			
	EXCESS LIABILITY					EACH OCCURRENCE		\$			
	<input type="checkbox"/>	UMBRELLA FORM				AGGREGATE		\$			
	<input type="checkbox"/>	OTHER THAN UMBRELLA FORM						\$			
	<input type="checkbox"/>										
	<input type="checkbox"/>										
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		123456789	MM/DD/YY	MM/DD/YY	<input checked="" type="checkbox"/>	WC STATUTORY LIMITS		OTHE- R	\$1,000,000	
	<input type="checkbox"/>	THE PROPRIETOR PARTNERS/EXECUTIVE OFFICERS ARE				EL EACH ACCIDENT					
	<input type="checkbox"/>					EL DISEASE – POLICY LIMIT					
	<input type="checkbox"/>					EL DISEASE – EA EMPLOYEE					
	<input type="checkbox"/>										
A	OTHER					EACH OCCURRENCE					
	<input type="checkbox"/>	SEXUAL ABUSE/MOLESTATION									
	<input type="checkbox"/>	[WHEN REQUIRED]									
	<input type="checkbox"/>										
	<input type="checkbox"/>										
<p>Certificate holder and _____ (<i>Church or School-use corporate name</i>) are included as Additional insured as per form CG 00 00 00 00 attached. Insurance is Primary and Noncontributory as per form CG 00 00 00 attached.</p>											
CERTIFICATE HOLDER					CANCELLATION						
Archdiocese of Portland in Oregon (Church or School Corporate Name) 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					

ADDITIONAL INSURED ENDORSEMENT FORMPOLICY NUMBER: **1234567890**

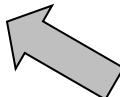
COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – DESIGNATED PERSON OR
ORGANIZATION**

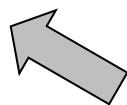
This endorsement modifies insurance provided under the following:

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**