

<div style="display: flex; justify-content: space-between; align-items: center;"> SAMPLE CERTIFICATE OF LIABILITY INSURANCE <div style="text-align: right; font-size: 0.8em;"> Date (MM/DD/YY) OP ID BW NORME-1 </div> </div>									
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> PRODUCER <div style="border: 1px solid black; padding: 10px; text-align: center; 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> </div> <div style="width: 35%; font-size: 0.8em;"> 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. COMPANIES AFFORDING COVERAGE COMPANY A COMPANY B COMPANY C COMPANY D </div> </div>									
INSURED <div style="border: 1px solid black; padding: 10px; text-align: center; 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 <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR OWNER'S & CONTRACTOR'S PROT [WHEN REQUIRED]	123456789	MM/DD/YY	MM/DD/YY	GENERAL AGGREGATE		\$1,000,000		
	PRODUCTS – COMP/OP AGG				\$1,000,000				
	PERSONAL & ADV INJURY				\$1,000,000				
	EACH OCCURRENCE				\$1,000,000				
	FIRE DAMAGE (Any one fire)				\$ 50,000				
	MED EXP (Any one person)				\$ 5,000				
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS [WHEN REQUIRED]	123456789	MM/DD/YY	MM/DD/YY	COMBINED SINGLE LIMIT		\$5,000,000		
	BODILY INJURY (Per person)				\$				
	BODILY INJURY (Per accident)				\$				
	PROPERTY DAMAGE				\$				
	AUTO ONLY – EA ACCIDENT				\$				
	OTHER THAN AUTO ONLY:				\$				
EACH ACCIDENT		\$							
AGGREGATE		\$							
A	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO [WHEN REQUIRED]				EACH OCCURRENCE		\$		
	AGGREGATE				\$				
	OTHER THAN UMBRELLA FORM				\$				
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 123456789 123456789 THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE INCL EXCL	123456789	MM/DD/YY	MM/DD/YY	MM/DD/YY	<input checked="" type="checkbox"/> WC STATU- TORY LIMITS	<input type="checkbox"/> OTH- ER	\$1,000,000	
	EL EACH ACCIDENT					\$			
	EL DISEASE – POLICY LIMIT					\$			
	EL DISEASE – EA EMPLOYEE					\$			
A	OTHER <input type="checkbox"/> SEXUAL ABUSE/MOLESTATION [WHEN REQUIRED]					EACH OCCURRENCE		\$	
	EACH OCCURRENCE					\$			
	EACH OCCURRENCE					\$			
Certificate holder and _____ (Church or School–use corporate name) 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 00 attached.									
CERTIFICATE HOLDER					CANCELLATION				
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> ARCH001 Archdiocese of Portland in Oregon (Church or School Corporate Name) 2838 E. Burnside Street Portland, OR 97214-1895 </div> <div style="width: 55%; font-size: 0.8em;"> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 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 </div> </div>									

ADDITIONAL INSURED ENDORSEMENT FORMPOLICY NUMBER: **1234567890**

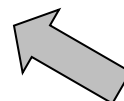
COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

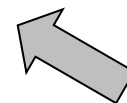
This endorsement modifies insurance provided under the following:

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**