

SAMPLE**CERTIFICATE OF LIABILITY INSURANCE**Date (MM/DD/YY)
OP ID BW
NORME-1

PRODUCER

INSURANCE BROKER / AGENT

Phone No.

Fax No.

INSURED

INSURED

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

COMPANY

A

COMPANY

B

COMPANY

C

COMPANY

D

COVERAGE(S)

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
	X 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
	[WHEN REQUIRED]				MED EXP (Any one person) \$ 5,000
A	AUTOMOBILE LIABILITY	123456789	MM/DD/YY	MM/DD/YY	COMBINED SINGLE LIMIT \$5,000,000
	X ANY AUTO				BODILY INJURY (Per person) \$
	ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	SCHEDULED AUTOS				PROPERTY DAMAGE \$
	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 \$
	EXCESS LIABILITY				AGGREGATE \$
	UMBRELLA FORM				
	OTHER THAN UMBRELLA FORM				
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU- TORY LIMITS
	THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE				OTH- ER
	<input type="checkbox"/> INCL				
	<input type="checkbox"/> EXCL				
A	OTHER				EL EACH ACCIDENT
	<input type="checkbox"/> SEXUAL ABUSE/MOLESTATION				EL DISEASE - POLICY LIMIT
	[WHEN REQUIRED]				EL DISEASE - EA EMPLOYEE

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

RE: Operations of the Insured on premises of the certificate holder.

Certificate holder and any church, school or other entity insured under the insurance program of the Archdiocese of Portland in Oregon are included as an additional insured per form CG 00 00 00 00 attached.

CERTIFICATE HOLDER

Archdiocese of Portland in Oregon
(Church or School Corporate Name)
2838 E. Burnside Street
Portland, OR 97214-1895

ARCH001

CANCELLATION

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

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

CG 00 00 00 00

SAMPLE OF INSURANCE ENDORSEMENT FORM

