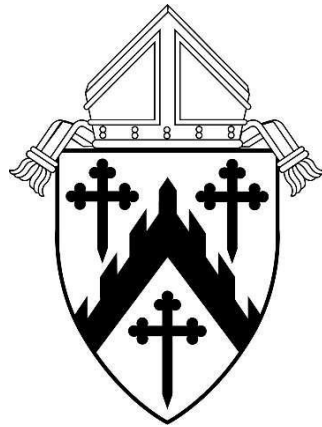


# Diocese of Davenport

## Insurance Kit



Updated November 1, 2025

Published 10-1-18

Updated 10-22-18

Updated 7-8-19

Updated 7-16-19

Updated 12-4-19

Updated 7-31-20

Updated 7-31-21

Updated 7-14-22

## Table of Contents

### Insurance Claims Kit

Forms are included in this kit as a guide for the information that is needed to file claims online. We prefer that workers compensation claims, liability claims and property claims be filed online. The Diocese of Davenport and Molyneaux Insurance have immediate access to those claims when you file them electronically.

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**Diocese of Davenport Contact:** Tiara Hatfield, MBA, SHRM-CP; Director of Human Resources and Risk Management  
563-888-4366, [hatfield@davenportdiocese.org](mailto:hatfield@davenportdiocese.org)

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Section	Company		Instructions
<b>Section 1: Workers Compensation</b>	RAS (Risk Administration Services)	Policy Number WC02000390242025A	First Report of Injury reported within 24 hours of incident online, <a href="http://www.rascompanies.com">www.rascompanies.com</a> . If there is required hospitalization, loss of limb/eyesight, or death call Tiara Hatfield immediately so OSHA is notified.
<b>Section 2: Loss Control/Risk Management Services (Work place safety and risk management)</b>	Catholic Mutual Dan Conell		Loss Control Rep: 800-228-6108, ext. 2438 <a href="mailto:dconell@catholicmutual.org">dconell@catholicmutual.org</a>
<b>Section 3: Liability Loss</b>	Catholic Mutual	Certificate Number 9165	Report incidents on line immediately, <a href="http://www.catholicmutual.org">www.catholicmutual.org</a>
<b>Section 4: Property Loss</b>	Catholic Mutual	Certificate Number 9165	Report incidents on line immediately, <a href="http://www.catholicmutual.org">www.catholicmutual.org</a>
<b>Section 5: Auto Loss/Glass claim Auto Changes</b>	Church Mutual	Policy Number 34297109762896	Auto Loss/Glass Claims: Phone:888-748-4326 Changes: Tiara Hatfield, 563-888-4366
<b>Section 6: Cyber Insurance</b>	Tokio Marine HCC	Policy Number H24PCU20179-03	Contact Tiara Hatfield, 563-888-4366, <a href="mailto:hatfield@davenportdiocese.org">hatfield@davenportdiocese.org</a> Report incidents immediately.
<b>Section 7: Requirements for Driving for the Diocese, School or Parish and CMG Connect Certificate of Liability for Leased Vehicles (Enterprise Rent-a-Car and Truck Rental/U-Haul)</b>			Contact Tiara Hatfield, 563-888-4366, <a href="mailto:hatfield@davenportdiocese.org">hatfield@davenportdiocese.org</a> Required forms included in kit.
<b>Section 8: Parish/School Facility Use and Rental</b>	Catholic Mutual		Tiara Hatfield, 563-888-4366, <a href="mailto:hatfield@davenportdiocese.org">hatfield@davenportdiocese.org</a>
<b>Section 9: Boiler Inspections</b>	Travelers BoilerRE thru Catholic Mutual		For boiler and pressure vessel inspections: 800-425-4119, <a href="mailto:Boilinsp@Travelers.com">Boilinsp@Travelers.com</a>
<b>Section 10: Employment Practices</b>	Catholic Mutual		Contact Tiara Hatfield, before an employee is terminated. A professional review is needed in order for insurance coverage to apply.

## Table of Contents

### Insurance Claims Kit

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**Diocese of Davenport Contact:** Tiara Hatfield, MBA, SHRM-CP; Director of Human Resources and Risk Management  
563-888-4366, [hatfield@davenportdiocese.org](mailto:hatfield@davenportdiocese.org)

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Section	Company	Instructions
<b>Section 11: Request for Certificate of Insurance</b>	Catholic Mutual	Contact Sara O'Neil: 800-228-6108, ext. 2361 <a href="mailto:soneil@catholicmutual.org">soneil@catholicmutual.org</a> Required form included in kit
<b>Section 12: Contract Review</b>		Contact Tiara Hatfield, 563-888-4366 <a href="mailto:hatfield@davenportdiocese.org">hatfield@davenportdiocese.org</a>
<b>Section 13: Liquor Liability</b>	Catholic Mutual	Contact Sara O'Neil: 800-228-6108, ext. 2361 <a href="mailto:soneil@catholicmutual.org">soneil@catholicmutual.org</a>
<b>Section 14: Certificate of Liability for Knights of Columbus Events</b>	Catholic Mutual	Contact Sara O'Neil: 800-228-6108, ext. 2361 <a href="mailto:soneil@catholicmutual.org">soneil@catholicmutual.org</a>

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## **Section 1**

### Workers Compensation

Workers Compensation

Insurer: RAS

Policy #: WC02000390242025A

# Options for Reporting a Claim

## First Report of Injury

To report a claim, select one of the following options: Online, E-mail, Fax or Call Center.

### Online

For questions getting an on-line account or assistance reporting claims online, please contact Policy Services at 800.732.1486 ext. 5556.

### 2 Ways

1. **Report an Injury** (may be completed once your account has been set up)
  - Go to [www.rascompanies.com](http://www.rascompanies.com)
  - Click on "For Employers"
  - Go to "Click Here to Report a Claim"
  - Log in with your user id and password
  - Select First Report
  - Select New First Report
  - Follow instructions to complete the First Report of Injury
  - Submit the report
2. **Report an Injury** (may be completed once your account has been set up)
  - Go to <https://portal.rascompanies.com/Portal/>
  - Log in with your user id and password
  - On the Dashboard, click on "Report A Claim"
  - Select New First Report
  - Follow instructions to complete the First Report of Injury
  - Submit the report

### Email

E-mail the completed First Report of Injury Form to [firstreports@rascompanies.com](mailto:firstreports@rascompanies.com)

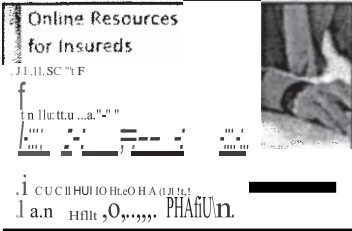
### Fax

Fax the completed First Report of Injury Form to 877.884.6573

### Call Center

Call 877.585.1117 to provide the claim information to a Claims Service Representative over the phone.

**Please report all claims within 24 hours of the employer receiving notification.**



Required fields are blue and bold.

<b><u>DftelOorloan</u></b>	<b>Date of Injury</b>
h 'PM' il	
l f _ _ v _ _ k, l;	
U En 1, b f! nKlt lntfi)	
0 r n, Jlin tofu l	
OM	
<b><u>I, IIMY</u></b>	
f- "-	

FORM		Completion
Investment Report Number	<input type="text"/>	
Employer Contact Name	<input type="text"/>	
Employer Contact Phone Number	<input type="text"/>	
Period of Study	<input type="text"/>	
Candidate Comments	<input type="text"/>	
<p>Attach Documents</p> <input type="text"/> <input type="button" value="Add"/>		
<p><input checked="" type="checkbox"/> Submit Final Report</p> <p>For help and submit later</p>		

- Put your name and phone number in the information .
- Also note there is a spot for confidential comments . Information in that box will only go to you and the claims examiner.
- You can also attach any PDF or JPEG documents.
- There are two buttons to choose from
  - Submit First Report -you have everything completed and it can be turned in
  - Save and Submit Later -you are missing items and want to save your work. Your work will be saved at the top of the screen under the "Incomplete First Reports" where you can go back in to finish and save the document.

For any questions or if you need help with the online system, please contact Claims Support Center at 877-585-1117.

## **Section 2**

### **Loss Control/Risk Management Services**





Catholic Mutual Group

# CARES

## "Self Inspection Report"

This form has been designed to provide a simple means for a person to conduct a safety inspection at their facility. The form is intended to be an aid in detecting hazards and thus reducing exposure to loss. If there are any specific questions or problems, the Risk Management Department at Catholic Mutual should be contacted.

### Instructions

1. Complete heading of report.
2. Inspection should be done by pastor, facility administrator, or maintenance manager.
3. Plan sufficient time to walk through entire premises. Take form along and check appropriate response while conducting the inspection. Written notes can also be made for serious problems discovered or items not specifically covered on this form.
4. After inspection has been completed, determine what action is required to correct problem.
5. Send photocopies of report to:

Catholic Mutual Group  
Attn: Risk Management Department  
10843 Old Mill Road  
Omaha, Nebraska 68154-2600  
FAX (402) 551-2933  
Email: [tholcmutu@l.org](mailto:tholcmutu@l.org)

**AND**

Diocesan Insurance Contact

6. The tentative date for repairs/corrective measures should be indicated on the enclosed "Follow-up Worksheet."  
**Please note:** The success of this program requires both the inspection of the property and correction of the hazards detected.

This report can also be completed on our **website** at [www.catholicmutual.org](http://www.catholicmutual.org). Once you have logged in, click on *Risk Management Info* click on *Property* and then click on *Self Inspection Report*

Questions, problems and/or requests for safety literature can be made through the Risk Management Department of Catholic Mutual at **800-228-6108**

ARCH/DIOCESE \_\_\_\_\_

PARISH/INSTITUTION \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

WEBSITE ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

DATE OF INSPECTION \_\_\_\_\_

INSPECTED BY \_\_\_\_\_

JOB TITLE \_\_\_\_\_

Place X next to buildings inspected

☐

Church ☐

Rectory High School ☒

onventC  
GradeO  
School  
D  
GarageO  
Hall  
D  
GymO  
OtherO

(To be completed by Administration only)

**CL) biftiin@i&filiG1!li:i•M4iUll!Jltih:IIII**

0 :/: :nr ;, 'es o"1;e e:f : a'z:t't:: z ur

facilities for non-parish sponsored events.

- |                                                                                                                                                                                              | YES                   | NO                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|
| 1. Do you have a copy of the Diocesan Contract Review Policy                                                                                                                                 | <input type="radio"/> | <input type="radio"/> |
| 2. Are Certificates of Insurance obtained from outside organizations or individuals renting or using the facilities (eg: <i>Knights of Columbus, Girl Scouts, wedding receptions, etc.</i> ) | <input type="radio"/> | <input type="radio"/> |
| 3. Are Certificates of Insurance obtained from outside contractors scheduled to repair or renovate the facilities                                                                            | <input type="radio"/> | <input type="radio"/> |
| It is important that original Certificates be kept in one central file so they would be available should the need arise                                                                      |                       |                       |
| 4. Do you lease your facilities                                                                                                                                                              | <input type="radio"/> | <input type="radio"/> |

#### VEHICLE SAFETY POLICY

*Diocesan guidelines intended to standardize the safety methods and procedures for individuals driving on behalf of a parish/school. Guidelines could include a MVR check and a defensive driving course.*

- |                                                                                                                                                               | YES                   | NO                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|
| 1. Do you have a copy of the Diocesan Vehicle Safety Policy                                                                                                   | <input type="radio"/> | <input type="radio"/> |
| 2. Do you maintain an up-to-date list of authorized vehicle drivers (both <i>Employees &amp; Volunteers</i> )                                                 | <input type="radio"/> | <input type="radio"/> |
| 3. Do you own, operate or lease passenger vans/shuttles capable of transporting more than 10 people regardless of the current seating capacity in the vehicle | <input type="radio"/> | <input type="radio"/> |

#### SECURITY POLICY

*Each Institution should be capable of demonstrating that appropriate steps have been taken to secure its facilities and to ensure emergency procedures in place.*

- |                                                                 | YES                   | NO                    |
|-----------------------------------------------------------------|-----------------------|-----------------------|
| 1. Do you have a security emergency response plan in place      | <input type="radio"/> | <input type="radio"/> |
| 2. Are practice drills regularly conducted                      | <input type="radio"/> | <input type="radio"/> |
| 3. Do you have key control policy In place                      | <input type="radio"/> | <input type="radio"/> |
| 4. Do you maintain an inventory list of furnishings & equipment | <input type="radio"/> | <input type="radio"/> |

#### EDUCATION/RESOURCE MATERIALS

- |                                                                                                  | YES                   | NO                    |
|--------------------------------------------------------------------------------------------------|-----------------------|-----------------------|
| 1. Have appropriate personnel attended any diocesan training programs                            | <input type="radio"/> | <input type="radio"/> |
| 2. Have all appropriate personnel viewed Catholic Mutual's on-line safety training modules       | <input type="radio"/> | <input type="radio"/> |
| 3. Please indicate if there are any specific topics for which you would like further information |                       |                       |

Place comments on overall condition of inspected items and note problem areas below:



	YES	NO
Has a building been built, acquired or sold within the past year	0	0

If yes, please provide the type of occupancy, address, and square footage on the enclosed Follow-up Worksheet  
(eg: Dwelling; 1234 Street; City; State; Zip Code; 2,700 sq. ft.)

Is any building currently vacant or unoccupied?	0	0
-------------------------------------------------	---	---

### INTERIOR

	YES	NO	N/A
1. Are floor surfaces even ( <i>Check for trip hazards</i> )	0	0	0
2. Is carpeting in good condition and securely fastened	0	0	0
3. Are doors secure, have adequate locks, close properly	0	0	0
4. Are windows free of cracks and breaks	0	0	0
<b>5. Stairs</b>	0	0	0
In good repair	0	0	0
Handrails present ( <i>sturdy &amp; securely attached</i> )	0	0	0
Are stairways and landings free of storage material	0	0	0
<b>6. Fire Extinguishers</b>	0	0	0
Adequate number & size ( <b>Minimum</b> Size - 5 lb. ABC Dry Chemical)	0	0	0
Inspected annually, tagged and properly charged	0	0	0
Mounted and Accessible	0	0	0
<b>7. Electrical</b>	§	§	§
Is wiring in good condition, connections secure and/or free of fraying	0	0	0
Are extension cords properly used and sized	0	0	0
Is there a 3' clearance around electrical panels	0	0	0
Is office equipment outfitted with surge protectors	0	0	0
<b>8. Heating, A/C Equipment, Furnace Room</b>	0	0	0
Are yearly service checks performed	0	0	0
Is furnace room free of combustible materials and chemicals	0	0	0
Are boilers currently certified	0	0	0
<b>9. Residential Alarms</b> ( <i>Recommend monthly testing</i> )	8	8	8
Smoke detectors function properly ( <b>Minimum</b> - 1 per level)	0	0	0
Carbon Monoxide	0	0	0
<b>10. School, Large Assembly Alarms</b>	0	0	0
Fire	8	8	8
Security	8	8	8
Are alarms operational and regularly tested	0	0	0
11. Are exits clearly marked, lighted and not blocked	0	0	0
12. Is copy of Bloodborne Pathogens Plan present in schools	0	0	0
13. Are there emergency evacuation plans posted in schools, public meeting areas and church classrooms	0	0	0
14. Are there emergency preparedness and procedure plans in place	0	0	0
15. Are emergency lights functional	0	0	0
16. Are candles well protected ( <i>discouraged in schools and offices</i> )	0	0	0

	YES	NO	N/A
17. Are there main utility shutoffs and do appropriate staff know their location	0	0	0
18. Are all chemicals/flammables properly labeled and stored in approved safety cabinets	0	0	0
19. Do you have an Automatic External Defibrillator (AED)	0	0	0

### EXTERIOR

1. Is foundation structurally sound	0	0	0
2. Is roofing in good repair	0	0	0
3. Are gutters, downspouts, and roof drains inspected regularly and kept clean	0	0	0
4. Is chimney free of cracks and breaks and cleaned annually, if used	0	0	0
5. Does facility have a <b>LIGHTNING</b> protection system ( <i>such as lightning rods</i> )	0	0	0
6. Are walkways level and free of holes and cracks	0	0	0
7. Are entrance mats in good condition and securely fastened	0	0	0
8. Are driveways and parking lots clearly marked and lighted	0	0	0
9. Are stairs and handrails present and in good condition	0	0	0
10. Is there adequate lighting around building	0	0	0
11. Is playground equipment properly maintained	0	0	0
12. Is there 9" to 12" of cushioning material ( <i>sand, pea gravel, etc.</i> ) in place and maintained under playground equipment	0	0	0
13. Does playground have a sign indicating " <b>Adult Supervision Required</b> "	0	0	0

### CEMETERY CHECKLIST

Check each box for all areas inspected

#### Maintenance/Safety

- ☐ Perpetual care tombs
- ☐ Statues & church owned memorials
- ☐ Markers stable & secure
- ☐ Roadways
- ☐ Fences/Gates
- ☐ Ditches & drainage
- ☐ Grass & weed control
- ☐ Adequate trash receptacles
- ☐ Abandoned tombs
- ☐ Insect problems
- ☐ Trees & shrubs trimmed
- ☐ Walkways clear & safe
- ☐ Safety equipment
- ☐ Maintenance of equipment
- ☐ Fuel storage tank

#### Mausoleums

- ☐ Roofs/Trim
- ☐ Granite or marble structures
- ☐ Caulking
- ☐ Painted areas
- ☐ Glass & metal doors **work**
- ☐ Drainage
- ☐ Floors & walkways
- ☐ Cleanliness

Print Form

Submit Form

## **Section 3**

### Liability Loss

# Property Loss

Insurer: Catholic Mutual

Policy #: Certificate 9165

Report On-line: [www.catholicmutual.org](http://www.catholicmutual.org)

Report A Claim: 1-800-228-6108, #2444

If you have questions about your claim, please contact Tiara Hatfield at 563-888-4366 or [hatfield@davenportdiocese.org](mailto:hatfield@davenportdiocese.org).



## **To report a liability or property claim online with Catholic Mutual:**

Using Internet Explorer go to [www.catholicmutual.org](http://www.catholicmutual.org)

Member Login

Our entire diocese has the same username and password:

Username: 0850dav

Password: service

Click report a claim

Choose: Download Report of Liability Loss

or

Download Report of Property Loss

On the drop down Save, choose save as and save the form to your desktop. This will create a fillable PDF on your desktop.

Fill out the form and press submit.

A box will pop up and you need to hit continue.

An email will pop up - send the email.

If you don't have Internet Explorer email the form to [reportaclaim@catholicmutual.org](mailto:reportaclaim@catholicmutual.org)

or fax to 402-551-2943.

At this point Catholic Mutual has the loss and they start their process. You should receive a notice back with a number assigned for the loss. You will be contacted by an adjuster immediately with Catholic Mutual. Keep all information for the claim for them.

# ACCIDENT REPORT

\* =Required Field

**(For Non-Employees)**

MEMBERNAME \_\_\_\_\_

\*PARISH/SCHOOL \_\_\_\_\_

\*ADDRESS \_\_\_\_\_

\*CITY \_\_\_\_\_ \*ZIP \_\_\_\_\_

\*PHONE NUMBER \_\_\_\_\_ PARISH EMAIL ----- ! \_\_\_\_\_

\*PERSON REPORTING

DATE FORM COMPLETED (MM/DD/YYYY) \_\_\_\_\_

\*DATE OF ACCIDENT (MM/DD/YYYY) \_\_\_\_\_ TIME OF ACCIDENT (10:10 A.M.) \_\_\_\_\_

WHERE ACCIDENT OCCURRED. \_\_\_\_\_

\1/EREPHOTOGRAPHS TAKEN? \_\_\_\_\_

DESCRIBE ACCIDENT

PARTYINVOLVED-NAME \_\_\_\_\_ STUDENT? **0**

IF STUDENT, PARENTNAME(S) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ WORKNUMBER \_\_\_\_\_

DOB {M.,WDD/YYYY} \_\_\_\_\_ SS# \_\_\_\_\_

INJURY/DAMAGE-----

TRANSPORTED BY AMBULANCE? .

WITNESSES (PLEASE INCLUDE ADDRESS AND PHONE NUMBER)

\_\_\_\_\_

COMMENTS

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**— 1-a**  
**\_\_\_\_\_**

## **Section 4**

### Property Loss

# Property Loss

Insurer: Catholic Mutual

Policy #: Certificate 9165

Report On-line: [www.catholicmutual.org](http://www.catholicmutual.org)

Report A Claim: 1-800-228-6108, #2444

If you have questions about your claim, please contact Tiara Hatfield at 563-888-4366 or [hatfield@davenportdiocese.org](mailto:hatfield@davenportdiocese.org).

## To report a liability or property claim online with Catholic Mutual:

Using Internet Explorer go to [www.catholicmutual.org](http://www.catholicmutual.org)

Member Login

Our entire diocese has the same username and password:

Username: 0850dav

Password: service

Click report a claim

Choose: Download Report of Liability Loss

or

Download Report of Property Loss

On the drop down Save, choose save as and save the form to your desktop. This will create a fillable PDF on your desktop.

Fill out the form and press submit.

A box will pop up and you need to hit continue.

An email will pop up - send the email.

If you don't have Internet Explorer email the form to [reportaclaim@catholicmutual.org](mailto:reportaclaim@catholicmutual.org)

or fax to 402-551-2943.

At this point Catholic Mutual has the loss and they start their process. You should receive a notice back with a number assigned for the loss. You will be contacted by an adjuster immediately with Catholic Mutual. Keep all information for the claim for them.

## **REPORT OF PROPERTY DAMAGE**

\* Required Field

MEMBER NAME \_\_\_\_\_

\*PARISH/SCHOOL \_\_\_\_\_

\*ADDRESS \_\_\_\_\_

\*CITY \_\_\_\_\_ \*ZIP \_\_\_\_\_

\*PHONE NUMBER \_\_\_\_\_ PARISH EMAIL \_\_\_\_\_

\*PERSON REPORTING \_\_\_\_\_

DATE FORM COMPLETED (MM/DD/YYYY) \_\_\_\_\_

\*DATE OF INCIDENT (MM/DD/YYYY) \_\_\_\_\_

LOCATION OF DAMAGE \_\_\_\_\_

WERE PHOTOGRAPHS TAKEN? ☐ ☐ \_\_\_\_\_  
(Please take photos for damage in excess of \$5,000)

DESCRIBE INCIDENT \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

GIVE POLICE REPORT NUMBER \_\_\_\_\_  
(If vandalism or theft, police must be notified.)

DESCRIBE BUILDING AND/OR CONTENTS DAMAGE \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



### ***SPECIAL INSTRUCTIONS***

- ***MEMBERS SHOULD PROCEED WITH ANY EMERGENCY REPAIRS NEEDED TO PREVENT FURTHER DAMAGE.***
- ***TWO ESTIMATES ARE REQUIRED FOR ALL NON-EMERGENCY REPAIRS, UNLESS PRIOR APPROVAL IS OBTAINED FROM CATHOLIC MUTUAL.***

- ***SEND COMPLETED, FORM TO REPORTACLAIM@CAT\_HOLICMUTUAL.ORG OR FAX TO 402-551-2943. REPORTACLAIM PH# 800-218-6108 X2441***
- Section 4



## **Section 5**

Auto Loss/Glass Claim

Auto Endorsement/Changes

Auto Loss/Glass Claim

Auto Changes

Insurer: Church Mutual

Policy #: 34297109762896

## **Vehicle Accident Reports and Auto Glass Claims**

Claims for vehicle accidents and auto glass repairs are reported to Church Mutual. Reporting options are on the following page. Make sure that you have the Vehicle Accident Report information as completely filled out as you can prior to calling the accident in. A guideline form is attached to have filled out prior to contacting them. They will need to know all of that information.

At the scene, obtain as much information as possible.

Get a copy of the other party's insurance card.

Get a copy of the police report.

Take pictures of any physical damage to vehicles and/or property.

Advise the other party that you will report the accident and a representative should contact them in the next 2 -3 business days.

**Church Mutual**  
**Claim Reporting Options**

Telephone:

CMIC Claim Reporting Line

1-800-554-2642 Option 2

CMIC Fax

1-715-539-4651

CMIC Email

[claimsintake@churchmutual.com](mailto:claimsintake@churchmutual.com)

Online Reporting

<https://www.churchmutual.com/>

**All vehicle endorsements/changes need to be reported directly to Tiara Hatfield at 563-888-4366 or [hatfield@davenportdiocese.org](mailto:hatfield@davenportdiocese.org)**

**and**

**to Sara O'Neil at 800-228-6108, ext. 2361 or [soneil@catholicmutual.org](mailto:soneil@catholicmutual.org). If Sara is not available email the information to [cporter@catholicmutual.org](mailto:cporter@catholicmutual.org).**

VEHICLE ACCIDENT REPORT

Driver: \_\_\_\_\_ Date of birth: \_\_\_\_\_ License#: \_\_\_\_\_

Vehicle: \_\_\_\_\_  
\_\_\_\_\_  
Year                      Make                      Model  
Vehicle Identification Number: \_\_\_\_\_

Accident Information	Date: _____ Time: _____ City: _____ State: _____
	Street location: _____
	Description: _____
	_____
Use reverse side if necessary.	

Other Vehicle(s)	Year/Make/Model: _____ Ucense plate #: _____ State: _____
	Owner's name and address: _____
	Driver's name and address: _____
	Driver's license #: _____ State: _____ Expiration
	date: _____ Relationship to owner: _____
	_____
	Description of damage: _____
	Insurance company: _____
Phone #: _____ Polley #: _____ Expiration date: _____	
_____	

Injuries	Name	Address
	Extent of injuries	_____
Use the rev.erse side if necessary.		

Witness/ Passengers	Name: _____, Address: _____
	Extent of injuries
Use the reverse side If neces5clry.	

Other Propert I/ Damage	Owner's name _____ Address _____
	Extent of damage
Use th-e reverse side if necessary.	



## **Section 6**

### Cyber Insurance

# Cyber Loss

Insurer: Tokio Marine

Policy #: H24PCU20179-03

**A cyber claim is to be reported as soon as possible!**

**Risk Management Cyber Trainings are required for  
all employees and volunteers!**



Following is an overview of your coverage:

- The maximum policy aggregate limit of is \$3,000,000 and includes all diocesan locations.
- Cyber Crime is limited to \$100,000 and includes a \$10,000 deductible.
- A \$30,000 annual aggregate deductible is applicable.
- Your 'buy-up' \$3,000,000 policy does not have a retroactive date, TM/HCC provides Unknown Prior Acts Coverage for this limit.
- The \$250,000 'embedded' limit has an inception date of 7/1/2018.
- The \$250,000 'embedded' limit has a \$7,500,000 annual aggregate for all Catholic Mutual members. In the event the \$7,500,000 annual aggregate is exhausted this policy will drop down so that the Diocese does not have a gap in coverage. Your policy deductible would then apply.
- TM/HCC requires notification of a potential breach/claim within 60 days of the incident. I have attached cyber incident reporting information.

# Cyber Incident Reporting



**IMPORTANT:** The first few minutes and hours after learning of a cyber incident are critical to a successful recovery. The following is intended to help you and your organization know how to identify and report a suspected or actual cyber security breach.

- ☐ Immediately notify your **IT Resource Personnel**
  
- ☐ During business hours, contact **Collin Liston, Associate Claims Counsel for CMG:**
  - (402) 514- 2405 (office) or
  - (612) 636-8655 (Cell)
  
- ☐ After hours, contact our cyber insurance experts at **Tokio Marine HCC:**
  - 1-(888)-627-8995 or
  - [cpl.claims@tmhcc.com](mailto:cpl.claims@tmhcc.com)
  
- ☐ Identify yourself as a Catholic Mutual Member



## **Section 7**

Requirements for driving for  
the Diocese, School or Parish

## Diocese of Davenport

### Requirements and Agreement to drive personal vehicle on diocesan, school and/or parish business

If you would like to drive your personal vehicle anytime during the year for a diocesan, school and/or a parish function you are required to:

- Maintain insurance coverage in compliance with the Diocesan requirements
- Attach a copy of your current insurance declaration page, showing effective dates
- Maintain the proper vehicle registration
- Sign the bottom of this form
- Attach a readable copy of your current valid driver's license
- Keep your Safe Environment training and Defensive Driving current (if a volunteer with minors or if an employee)
- Keep diocesan, school and/or parish driver required forms current
- Keep your driver's license current

These documents will be kept on file with the Diocese, school and/or parish office or head of the youth function for one year. This will need to be repeated annually.

NOTE: If at any time during the current year there are changes to your driver's license or insurance coverage you must provide the Diocese, school and/or parish with updated copies.

*NOTE: The vehicle owner's insurance policy is always primary. This is not a diocesan policy. It is simply legal reality. The vehicle owner's policy will be called upon first to pay any claims that arise.*

The minimum, acceptable liability limit for privately owned vehicles is:

\$300,000 bodily injury for each accident/\$100,000 property damage liability

**OR**

\$250,000 combined single-limit liability for each accident

#### DRIVER INFORMATION (please print legibly)

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Driver's License #: \_\_\_\_\_

State License Issued In: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

Valid for Bus Driver (yes or no): \_\_\_\_\_

#### CERTIFICATION

I authorize the Diocese of Davenport to obtain a copy of my driving record if needed. I understand that as a driver (employee or volunteer) for the Diocese, school and/or parish, that I must be 21 years of age or older, possess a valid driver's license, and have the proper and current license. I understand that I must have the required insurance coverage in effect on any vehicle used to transport participants of the event.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Diocese of Davenport

### **Requirements and Agreement to drive diocesan, school and/or parish vehicle, and leased vehicle**

If you would like to drive anytime during the year for a diocesan, school and/or a parish function you are required to:

- Sign the bottom of this form
- Attach a readable copy of your current driver's license
- Keep your Safe Environment training and Defensive Driving current (if a volunteer with minors or if an employee)
- Keep diocesan, school and/or parish driver required forms current
- Keep your driver's license current

These documents will be kept on file with the Diocese, school and/or parish office or head of the youth function for one year. This will need to be repeated annually.

NOTE: If at any time during the current year there are changes to your driver's license you must provide the Diocese, school and/or parish with updated copies.

#### DRIVER INFORMATION (please print legibly)

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Driver's License #: \_\_\_\_\_

State License Issued In: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

Valid for Bus Driver (yes or no): \_\_\_\_\_

#### CERTIFICATION

I authorize the Diocese of Davenport to obtain a copy of my driving record if needed. I understand that as a driver (employee or volunteer) for the Diocese, school and/or parish, that I must be 21 years of age or older, possess a valid driver's license, and have the proper and current license.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# VOLUNTEER DRIVER FORM

Name of Driver: \_\_\_\_\_

Address: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State Issued: \_\_\_\_\_

Year, Make & Model of Vehicle: \_\_\_\_\_

Insurance Company's Name: \_\_\_\_\_

Liability Limits: \_\_\_\_\_

(Minimum Limits of \$100,000/\$300,000 Required)

Please provide a copy of Proof of Insurance for our files.

In order to provide for the safety of those we serve, we must ask each volunteer to answer the following questions:

- |                                                                                                                                                                                    | <u>TRUE</u> | <u>FALSE</u> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------|
| 1. I have NOT had a conviction for an infraction involving drugs or alcohol (such as driving under the influence or driving while intoxicated) in the last three years.            | _____       | _____        |
| 2. I have NOT had two or more convictions for an infraction involving drugs or alcohol (such as driving under the influence or driving while intoxicated) in the last seven years. | _____       | _____        |
| 3. I have had no more than three moving violations or accidents in the last three years.                                                                                           | _____       | _____        |

**Please be aware that as a volunteer driver, your insurance is primary.**

Thank you for helping us with our transportation needs.

## Certification

I certify that the information given on this form is true and correct to the best of my knowledge. I understand driving for Church ministry is a profound responsibility, and I will exercise extreme care and due diligence while driving. I understand that as a volunteer driver, I must be 21 years of age or older, possess a valid driver's license, have the proper and current license and vehicle registration and have the required insurance coverage in effect on any vehicle. I agree that I will refrain from using a cell phone or any other handheld electronic device while driving my vehicle.

\_\_\_\_\_  
Volunteer Driver Signature

\_\_\_\_\_  
Date

**MEMORANDUM**

TO: All Pastors, Principals & Administrators

FROM: Kris Westlake

DATE: July 1, 2024

RE: Automobile Renewal  
Church Mutual Insurance Company  
Policy No.: 3429710962896  
July 1, 2024 – July 1, 2025

**THE DIOCESE OF  
DAVENPORT'S  
11 TO 15  
PASSENGER VAN  
POLICY IS  
ENCLOSED**

Catholic Mutual appreciates the opportunity to continue serving the parishes, schools, and other missions of the Diocese of Davenport. Please forward this information to the individual at your location responsible for your vehicle schedule.

Your automobile coverage has been renewed for the 7/1/24 to 7/1/25 policy term. Enclosed are your vehicle identification card(s). Please review them carefully, if you should find an error, please call so we can make the necessary corrections. **It is important that you keep the vehicle ID card(s) in the appropriate vehicle and make a copy for your records.**

Using our CMG Connect platform all individuals driving on parish, school or diocesan business are required to take the defensive driving curriculum and motor vehicle report (MVR). Information is enclosed on accessing the training platform is enclosed. You will be required to updated your training and MVR every five years.

All auto claims are to be reported directly to Church Mutual Insurance Company at 1-800-554-2642, Option 2 or via email: [claimsintake@churchmutual.com](mailto:claimsintake@churchmutual.com).

All vehicle endorsements should be reported directly to Catholic Mutual Group to myself at 1-800-228-6108, Ext. 2361 or Kara Schrader at Ext. 2398. You may also contact us via email: [soneil@catholicmutual.org](mailto:soneil@catholicmutual.org) or [kschrader@catholicmutual.org](mailto:kschrader@catholicmutual.org).

Please don't hesitate to contact me if you have any questions. Thank-you!

# CMGConnect

## End-User Instructions

### Step 1: Accessing CMG Connect

Go to <https://CMGconnect.org/> and **select your organization's name from the drop-down field.** Click **Go to Diocese** to be brought to the correct landing page. (Sample shown below).

**To create a new account, complete the three sections under the Register for a New Account area. This includes basic account information, personal, and affiliation. Complete ALL required boxes.**

**CONNECT**  
Find your Diocese below.

Select a Diocese

Go to Diocese

**Existing Accounts**

Do you have an account? If so, you don't need to sign up for a new one. Click the "Sign In" button in the upper right hand corner of this window. Otherwise, register for a new account below.

Sign In

**Register for a New Account**

Account Personal Affiliation

Enter your first, middle and last name as they appear on your driver's license or official identification. Do not use prefixes (i.e. Rev., Fr., Sr., Jr., Don).

First Name \*

Username \*

Password \*

Address 1 \*

Address 2 \*

City \*

State \*

Zipcode \*

Phone \*

Email \*

Date of Birth \*

Previous

**I participate as a/an \***

☐ Clergy/Religious

☐ Driver

☐ Employee

☐ Volunteer

Previous Register

Please select the category that best describes how you participate at your location. Selecting the correct box(es) during this step will allow the platform to assign the correct training modules to your dashboard.

If you are unsure of which category to select for your profile, please contact your local parish/school administrator.

**Account Login**

Username

Password

☐ Remember me

Sign In

[Forgot Username?](#) [Forgot Password?](#)

**Please note:**  
If you have not created an account in the system, you may actually already have an account in the system that was imported by your Diocesan Safe Environment office.

**If you have done training in the past, you may already have an account. Please login with your previous username and password by clicking the "Sign In" button at the top right of the page.**

If you cannot remember your username and password and have an email address in the system, please click **Forgot Password**. Please contact [cmgconnect@catholicmutual.org](mailto:cmgconnect@catholicmutual.org) or click [Support](#) if you need assistance accessing your account.



## Step 2: Locate and Open Trainings

Once you have completed the registration process, you will see the training curriculums. Click **Start** to begin.

**Note:** Available curriculums will vary based on your organization customization as well as the participation category you selected when registering for your account.

To view other Optional Trainings, scroll down on the page and/or search for desired training by title.

The screenshot displays the CMG Connect dashboard. On the left is a sidebar with navigation links: Dashboard, Training Archive, Surveys, Inbox, Edit Profile, and Logout. The main content area is divided into three top-level sections: 'Live Training Registration' (showing 'No Upcoming Training'), 'Background Check Status' (showing 'No Background Check on File'), and 'Certification Status' (showing 'No Certification on File'). Below these is the 'Required Trainings' section, featuring a card for 'Defensive Driving Curriculum' with a 'Start' button circled in red. Further down is the 'Optional Trainings' section, which includes a search bar circled in red and several training cards, such as '2019 / 2020 School Safety Coordinator Program Requirements' and 'Anti-Bullying Training'.

## Step 3 (Optional): Print Certificate

**When you have reached the end of the training, click on your dashboard and find your completed training.**

**Click Print Certificate to view and download your completion certificate.**

This screenshot shows the same dashboard as before, but with a large completion certificate overlay. The certificate is titled 'CMGConnect' and states: 'This Certifies that Test Account, Chancery Office, has completed Defensive Driving Curriculum on CMG Connect on the following date: May 1st, 2020. Never Expires.' It also mentions 'This Module was sponsored and brought to you by: CATHOLIC MUTUAL GROUP'. In the background, the 'Defensive Driving Curriculum' card is visible, now showing a 'Complete' button and a 'Print Certificate' link, with a red arrow pointing to the latter.

<https://CMGconnect.org>

## Diocese of Davenport

### Defensive Driving Training Instructions

#### Step 1: Accessing CMG Connect

Go to <https://Davenport.CMGconnect.org/> to register for an account. Complete the three pages of "Register for a New Account" - basic account information, personal, and affiliation. Complete all required

Select the "**Driver**" participation category on the last step, in addition to any other selections that describe your role at your primary location. This allows the platform to automatically assign the correct training(s).

If you are unsure of what category to select, please contact your diocese.

If you completed training in the past, you may already have an account. Log in with your previous username and password by clicking the green "Sign in Here" button at the top right of the page.

If you cannot remember your password, click 'Forgot Password'. If your email address is not recognized or you do not have an email address in the system, contact [cmgconnect@catholicmutual.org](mailto:cmgconnect@catholicmutual.org) to request a password reset.

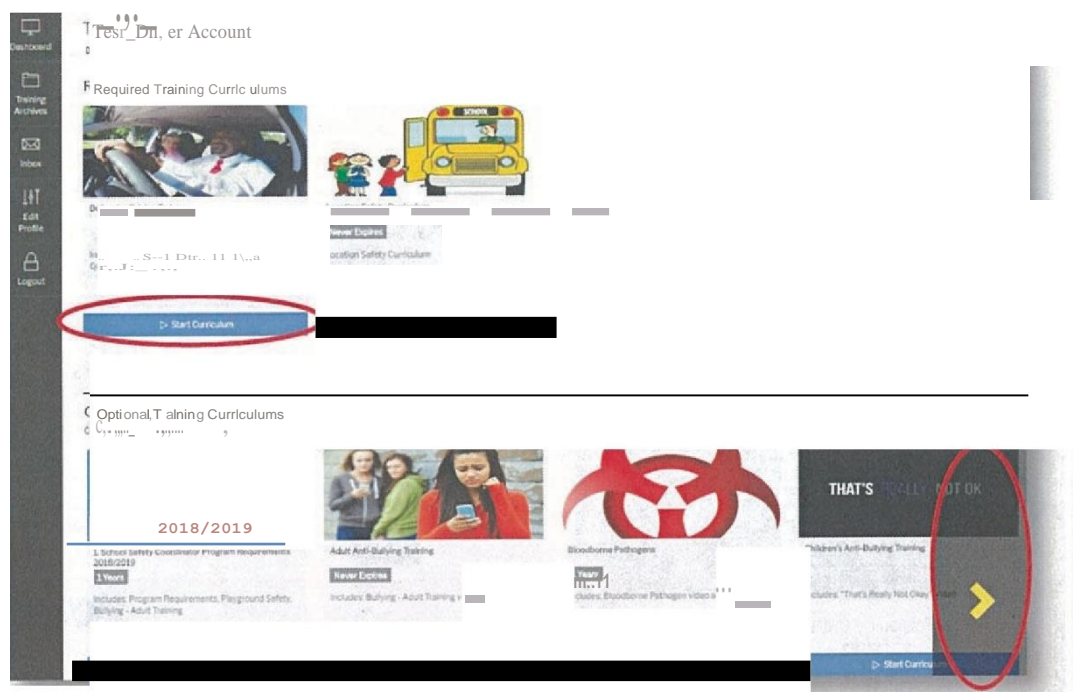
**If you are responsible for managing approved drivers**, please send your username to [cmgconnect@catholicmutual.org](mailto:cmgconnect@catholicmutual.org) to request Driving Management access. Your guide to navigating CMG Connect as an administrator will be available by clicking *Resources* on the left side of the screen in your updated account.



## Step 2: Locate and Start Trainings

Once you have completed the registration process, you will be directed to your dashboard. Click "Start Curriculum" to begin. *Note: Available curriculums will vary based on the participation category you selected when registering. To update, click 'Edit Profile' and select applicable categories.*

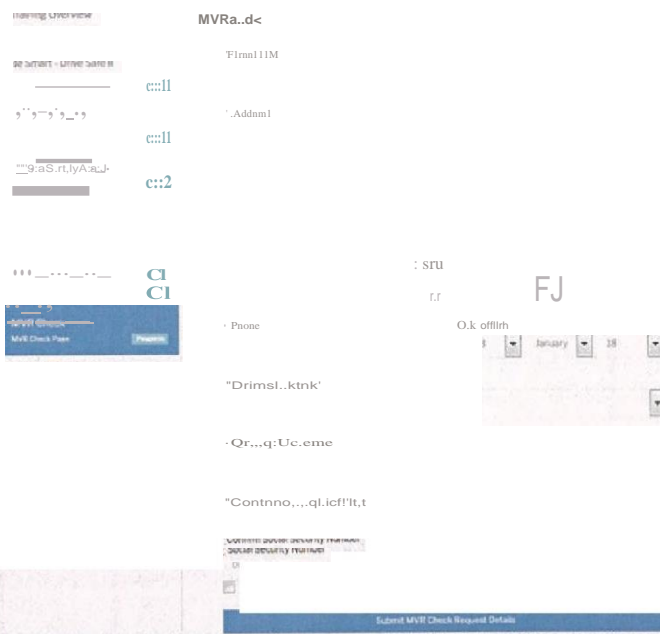
To view other Optional Training Curriculums, click the yellow arrow.



## Step 3: Complete Training

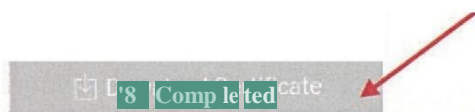
Watch the training video, acknowledge diocesan policies, fill out the driver questionnaire, and submit your MVR check via the curriculum.

Each training page will be marked 'Done' as you progress.



## Step 4: Access Certificate

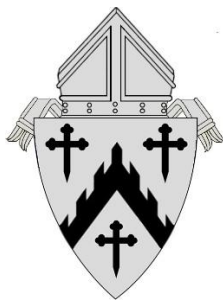
After your MVR has been reviewed and approved, you will be able to log back in to the system to access your completion certificate. Locate your completed curriculum and select the gray 'Download Certificate' button.



<https://Davenport.CMGconnect.org/>

**ATTENTION:** If you are responsible for managing approved drivers, please send your username to [cmgconnect@catholicmutual.org](mailto:cmgconnect@catholicmutual.org) to request Driving Coordinator access. Your guide to navigating CMG Connect will be located under the Resources tab of your updated account.





## **DIOCESE OF DAVENPORT**

### **11 to 15 PASSENGER VAN POLICY**

As recent events unfolded with the identification of several non-compliant vans within the diocese, it is important to know that as a Member of CUP II (Catholic Umbrella Pool II), use of 11–15 passenger vans to transport people is strictly prohibited. As such, excess insurance coverage we currently receive for being a CUP II Member will no longer extend to your vehicle effective 5/15/2023. Your van will still have insurance coverage up to a limit of \$1 million under our regular auto insurance although, if you are in an accident having multiple injuries or a death, that policy limit would likely be exhausted rather quickly and would then put all diocesan assets at risk. Keep in mind, should litigation ensue as a result of an accident, violating policy with the use of a non-compliant van could exacerbate the damages awarded in any settlement.

This Policy is in place for the protection of our children and adults as these vans are inherently dangerous as documented by the NTSB and Insurance Institute. The most concerning is they can be susceptible to rollover accidents due to a higher center of gravity. They also do not provide an acceptable level of side impact protection since they are simply cargo vans that have seats bolted to the floor.

We understand this is an inconvenience; however, the use of these vans needs to cease immediately, (or as soon as possible) and you should find alternative transportation. The Diocese of Davenport, Catholic Mutual Group and CUP II needs you to actively begin the process of selling your van(s) and finding an alternative means of transportation. If you are replacing with another van, in order to be compliant, the van must have a wheelbase of 130" or less and it cannot exceed the occupant seating capacity of 10. Alternatively, a standard school bus or a Multi-function School Activity Bus (MFSAB) is acceptable. Prior to purchasing, we ask that you reach out to your diocesan contact and/or Catholic Mutual Group to ensure the vehicle you are considering is compliant with the Policy.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/02/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER C.M.G. Agency, Inc 10843 Old Mill Road Omaha, NE 68154	402-551-8765	2 i c T C.M.G. Agency, Inc rt g N: o , Ext): 402-551-8765 ! t t ss : memberservices@catholicmutual.org	INSURER A: INSURER B, Church Mutual Insurance Company INSURERC: INSURER D: INSURER E: INSURER F :
INSURED Diocese of Davenport 780 West Central Park Avenue Davenport, IA 52804-1901		INSURER(s)JAFFORDINGcovERAGE NAIcn	

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> P&O <input type="checkbox"/> LOG OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG \$ \$ \$ \$ \$ \$
B	AUTOMOBILE LIABILITY ANY AUTO OWNERS ONLY <input type="checkbox"/> AUTOMOBILE D HIRED <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY			0342971-09-896768	07/01/2025	07/01/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) \$ 1,000,000 \$ \$ \$
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE OED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y/N N/A					PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT \$ \$ \$
B	Comprehensive			0342971-09-896768	7/1/2025	7/1/2026	\$1,000 Deductible \$1,000 Deductible

DESCRIPTION OF OPERATIONS/ LOCATIONS/ VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Coverage is verified for the Diocese of Davenport's short term rentals as required by contract.

**CERTIFICATE HOLDER****CANCELLATION**

Loss Payee  Enterprise Rent-A-Car Enterprise Leasing 4437 Brady St Davenport, IA 52806	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  C.M.G. Agency, Inc.
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06/02/2025

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PRODUCER C.M.G. Agency, Inc 10843 Old Mill Road Omaha, NE 68154	402-551-8765	2 i cT C.M.G. Agency, Inc rt g N: o , Ext): 402-551-8765 ! t1t ss : memberservices@catholicmutual.org	INSURER A: INSURER B, Church Mutual Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Diocese of Davenport 780 West Central Park Avenue Davenport, IA 52804-1901			

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> P&O <input type="checkbox"/> LOG OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE PRODUCTS - COMP/OP AGG \$ \$
B	AUTOMOBILE LIABILITY ANYAUTO OWNED AUTOS ONLY SCHEDULED AUTOS PHYSICAL DAMAGE, COLLISION, UNINSURED MOTORIST, <u>UMUIC</u>			0342971-09-896768	07/01/2025	07/01/2026	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE OED RETENTION \$						EACH OCCURRENCE AGGREGATE
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER / MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Comprehensive Collision			0342971-09-896768	7/1/2025	7/1/2026	\$1,000 Deductible \$1,000 Deductible

DESCRIPTION OF OPERATIONS/ LOCATIONS/ VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Enterprise Holdings, Inc., its subsidiaries, affiliated companies, limited liability companies and EAT Trust are included as Additional Insured and Loss Payee with respects to the Auto Policy, regarding any short-term rented vehicle, only as required by contract, subject to the terms and conditions of the policy. Comprehensive Deductible is \$1,000, Collision Deductible is \$1,000, Physical Damage coverage limit is Actual Cash Value of the vehicle. The insurance company will endeavor to mail 30 days prior notice to the certificate holder in the event of cancellation or non renewal.

**CERTIFICATE HOLDER****CANCELLATION**

Loss Payee  Enterprise Holding, Inc. Enterprise Truck Rental 1545 E. Euclid Ave Des Moines, IA 50313	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  <i>C.M.G. Agency, Inc.</i>
---------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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PRODUCER C.M.G. Agency, Inc 10843 Old Mill Road Omaha, NE 68154	402-551-8765	2 i c T C.M.G. Agency, Inc rt g N: o , Ext): 402-551-8765 ! t1t ss : memberservices@catholicmutual.org	INSURER A: INSURER B, Church Mutual Insurance Company INSURERC: INSURER D: INSURER E: INSURER F:
INSURED Diocese of Davenport 780 West Central Park Avenue Davenport, IA 52804-1901		INSURER(s)JAFFORDINGcovERAGE NAIcn	

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PER <input type="checkbox"/> LOG OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
B	AUTOMOBILE LIABILITY ANYAUTO OWNED ONLY CHSULED HIRED AUTOS ONLY ir* NON-OWNED AUTOS ONLY			0342971-09-896768	07/01/2025	07/01/2026	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE OED RETENTION \$						EACH OCCURRENCE AGGREGATE
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER / MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A				PER STATUTE E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Comprehensive Collision			0342971-09-896768	7/1/25	7/1/2026	\$1,000 Deductible \$1,000 Deductible

DESCRIPTION OF OPERATIONS/ LOCATIONS/ VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Coverage is verified for the Diocese of Davenport's short term rentals as required by contract.

**CERTIFICATE HOLDER****CANCELLATION**

Loss Payee  U-Haul 1012 Spruce Hills Drive Bettendorf, IA 52722	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  C.M.G. Agency, Inc.
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## **Section 8**

### **Parish/School Facility Use and Rental**

## **Options for Using Parish and/or School Facilities**

### **Option 1**

Generally, if you can answer yes to all the following questions, you do not need to rent the facility. Your event is considered a parish/school sponsored or affiliated event and you are covered by Diocese of Davenport/Parish/School insurance plan. Please contact Tiara Hatfield at 563-888-4366 or [hatfield@davenportdiocese.org](mailto:hatfield@davenportdiocese.org) with questions.

1. Did the parish have full control over the group or function?
2. Did any costs or fees associated with the function flow through parish accounts?
3. Was the function or group open to all parish members?
4. Was the purpose of the function or group to facilitate learning, raise revenue for the parish or provide a social service on behalf of the parish?
5. Was the teacher or leader of the group a parish volunteer or employee?

Please note that receptions for baptisms and funeral luncheons are considered parish sponsored events and additional insurance is not needed.

### **Option 2**

#### **Using your own personal insurance**

If you would like to proceed with this option, please follow the instructions below.

1. Rental agreement
2. Facility Usage/Indemnity Agreement
3. Certificate of liability insurance showing a minimum of \$1,000,000 general liability coverage and name the Diocese of Davenport as an additional insured.

## Option 3

### **Special Events Liability Program (called Third Party Special Events coverage)**

This information can also be found on the  
Catholic Mutual Group website: [www.catholicmutual.org](http://www.catholicmutual.org)

Login: 0850dav Password: service

This is an option for an individual to purchase this plan to use diocesan facilities when the renter does not have their own insurance to cover the activity and cannot include the Diocese and parish/school as additional insured.

Limits: \$1,000,000 per event

Deductible: None

Premium Charge: \$95 per event

#### **Coverage Highlights:**

Host Liquor Liability; Bodily Injury and Property Damage Liability

Most non-parish sponsored events would be covered, examples are:

- Wedding Receptions
- Family Reunions
- Banquets
- Fundraisers
- Baby Showers
- Birthday Parties
- Christmas Parties
- Wedding Showers
- Girl Scouts
- Boy Scouts
- Knights of Columbus
- American Legion
- Similar organizations (to the 3 named previously) that use facilities for meetings or fundraisers

**Exclusions for Third Party Special Events Coverage:**

- Bodily injury to employees
- Motor sport racing
- Athletic participants
- Rock bands
- Fireworks/pyrotechnics
- Damage to animals
- Events involving more than 1000 people (additional charges apply)
- Events where admission is charged unless all proceeds go to charity
- Events involving amusement devices or trampolines
- Inflatables (additional charges apply)
- Carnivals
- Any event organized or run by a professional promoter
- Sporting events including camps and tournaments
- Events involving pool or lake activities
- Events involving recreational vehicles
- Political rallies
- BYOB (bring your own bottle) events
- Rap/Hip-Hop/Alternative music (non-religious bands)

If you wish to use the Special Events coverage, please contact Colleen Darland at 563-888-4378 or email at [darland@davenportdiocese.org](mailto:darland@davenportdiocese.org).

Complete and submit to the parish/school three (3) weeks prior to the event:

1. Application for Special Events Coverage
2. \$95 check made payable to the parish/school
3. Lease Agreement.
4. Upon receipt above the parish/school will mail the application and payment to Colleen Darland.

---

Renter's Phone and Address:

---

Renter's Email:

---

## Diocese of Davenport School/Parish Facilities Rental Agreement

**Parish/School** \_\_\_\_\_ “Parish/School, we, us, our” as follows in this agreement

**Renter** \_\_\_\_\_ “You, Your, renter(s)”, as follows in this agreement

**Effective** \_\_\_\_\_ **Description and Address of rented property** \_\_\_\_\_

---

Our facilities are available for use by registered and contributing members of our parish at the discretion of the pastor. Our facilities are also available to non-parish members. **All** use of our facilities is subject to prior approval of the pastor, including events sponsored by parish organizations. No rental requests will be considered for any purpose or event that is contrary to the beliefs and teachings of the Catholic Church. Reservations are made with the parish secretary.

Funerals as well as events sponsored by parish organizations will be exempt from rental fees. Funeral functions will take precedence over any and all other events. Rentals on funeral days will necessarily begin after 2 pm. When scheduling an event, this funeral provision must be agreed to by the renter.

### **Rental Fees per event: (All rental fees are to be paid in full at the time of reservation)**

- \$ \_\_\_\_\_ for parishioners with a \$ \_\_\_\_\_ refundable cleaning/security deposit
- \$ \_\_\_\_\_ for non-parishioners with a \$ \_\_\_\_\_ refundable cleaning/security deposit
- \$ \_\_\_\_\_ will be charged for a wedding reception, plus a \$ \_\_\_\_\_ refundable cleaning/security deposit.

Please make out two separate checks (one for the rental fee and for the deposit) payable to Parish/School. Rental fees will be deposited upon receipt (at the time the facilities are reserved). Deposits will be held until the rented area is inspected for cleaning and damage. Damages beyond ordinary wear will be assessed by the renter. Any damages beyond the deposit will be the financial responsibility of the renter. If the facilities are undamaged, cleaned properly to our satisfaction, and all tables and chairs are returned to their original space, the deposit will be returned to you provided you send a self-addressed, stamped envelope. Otherwise, your check will be destroyed.

### **Liability Insurance**

Proof of insurance with the following limits and formats must be submitted by the renter with the rental agreement in the following amounts:

- ❖ If a business, non-profit or some other legal entity apart from an individual/family, a certificate of General Liability insurance naming **Parish/School and The Catholic Diocese of Davenport** as “**additional insureds**” with limits of at least \$1,000,000.
- ❖ If an individual or family, proof of Personal Liability insurance with limits of at least \$1,000,000
- ❖ Professional caterers must provide a certificate of insurance of at least \$1,000,000 and name **Parish/School and The Catholic Diocese of Davenport** as “**additional insureds**”

Proof of insurance in the form required above MUST be submitted prior to use of church property.

### **Alcohol**

If you plan to charge for alcohol in any direct or indirect\* way, it can only be served if you hire a professional caterer with their own **Liquor Liability** coverage OR you obtain a short term liquor license and purchase a **Liquor Liability** insurance policy written for the day of the event in the name of the renter. In either case **Parish/School and The Catholic Diocese of Davenport** must be included as “**additional insureds.**” A copy of the Certificate of Liquor Liability Insurance and proof of the liquor license must be submitted prior to the event and is subject to approval of the pastor.

If you will not charge for liquor in any form, or advertise it will be served, proof of Liability insurance is sufficient.

**\*Note:** Liquor Liability Insurance is needed if you are “in the business of selling or serving alcoholic beverages”. You are considered to be “in the business” if you advertise that alcohol will be served, or if there is any exchange of money. Donations are considered to be an exchange of money.

**Smoking**

Smoking is strictly forbidden anywhere on the premises.

**Decorations**

All renters are responsible for their own supplies-paper goods, coffee, dish cloths, dish soap, towels, etc. No nails, tacks, pins, tape, etc. are permitted on any wall or ceiling. If candles are used, great precaution is to be taken to make sure they are well secured in candleholders and carefully supervised while burning.

**Supervision**

Renters are responsible for supervising all guests (especially children) and any other persons attending the event for which the facilities are being used. No running inside the building is permitted. There will be no access to the church, gathering space or rooms outside the parish hall, kitchen and restrooms. All state, federal and local laws are to be followed by the renter and guests on ***all*** church property.

**Weapons**

No weapons are allowed on the premises.

**Pets**

No pets are allowed on the premises with the exception of service dogs.

**Tables & Chairs**

Setting up and taking down necessary tables and chairs is the responsibility of the user. Everything must be put back as it was prior to renter's set up (see layout attached and posted on kitchen bulletin board). Failure to comply will result in the loss of the rental deposit.

**Cancellation Policy**

Reservations may be cancelled until 60 days before the reserved date for full refund of rental fee. Reservations cancelled between 30 and 60 days before scheduled event will receive a 50% return of rental fee. There will be no refunds for cancellations less than 30 days before the reserved date.

*I hereby acknowledge receipt of and agree to all of the terms of this Rental Agreement, **including the above Hold Harmless/Indemnity Provisions:***

By: \_\_\_\_\_  
(Signature of Renter and title if applicable)

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

*Please keep a copy for your records and to refer to for the day of the event. Return two signed and dated copies to the parish office with all of the aforementioned documentation required for your event.*

\_\_\_ Proof of Insurance (Cert or copy of DecPage)

\_\_\_ Proof of Liquor Liability Insurance (if necessary)

\_\_\_ Parish/School and Diocese Additional Insured

\_\_\_ Proof of Caterer's coverage and Additional Insured

# **FACILITY USAGE/INDEMNITY AGREEMENT**

**PARISH:** \_\_\_\_\_ **PARISH**  
**is understood to include the Arch/Diocese of FACILITY**  
**USER: DATES OF FACILITY USAGE:**  
**TYPE OF FACILITY USAGE:**

The above named **FACILITY USER** agrees to defend, protect, indemnify and hold harmless the above named **PARISH** against and from all claims arising from the negligence or fault of the above named **FACILITY USER** or any of its agents, family members, officers, volunteers, helpers, partners, organizational members or associates which arise out of the above identified **FACILITY USAGE** at the above named **PARISH**.

**FACILITY USER** agrees to provide a certificate of insurance to the **PARISH**, which provides evidence of general liability coverage of not less than one million dollars (\$1,000,000) per occurrence. **FACILITY USER** also agrees to have the **PARISH** named as an "Additional Insured" on its general liability policy for the **DATE(S) OF FACILITY USAGE** in relationship to the **TYPE OF FACILITY USAGE** for claims which arise out of **FACILITY USER'S** operations or are brought against the **PARISH** by **FACILITY USER'S** employees, agents, partners, family members, students, customers, function attendees, guests, invitees, organizational members or associates. **FACILITY USER** also agrees to ensure that its liability insurance policy will be primary in the event of a covered claim or cause of action against **PARISH**.

If **FACILITY USER** fails to comply with the above (second) paragraph, then the above named **FACILITY USER** agrees to protect, defend, hold harmless and fully indemnify the above named **PARISH** for any claim or cause of action whatsoever arising out of or related to the usage which takes place during the above identified **DATE(S) OF FACILITY USAGE** that is brought against the **PARISH** by the above named **FACILITY USER** or its employees, agents, partners, family members, students, customers, function attendees, guests, invitees, organizational members or associates, even if such claim arises from the alleged negligence of the **PARISH**, its employees or agents, or the negligence of any other individual or organization. This paragraph does not relieve **FACILITY USER's** responsibility to comply with the above (second) paragraph.

If any sentence or paragraph of this agreement is held invalid, it is agreed that the balance thereof, shall continue in full legal force and effect.

**SIGNED BY:**  
**(Must be an official agent of FACILITY USER)**

**NAME (Please print):**

**DATE:**

# **Catholic Mutual...CARES**

## **UNAFFILIATED ORGANIZATION AGREEMENT**

**The five questions on the CARES Facility Usage/Indemnity Agreement provide guidance in identifying parish sponsored organizations that are eligible for coverage. Those that are not should sign the Facility Usage/Indemnity Agreement and provide a certificate of insurance naming the parish and Arch/Diocese as an additional insured. This will greatly assist in reducing financial responsibility for a potential claim.**

**Unfortunately, non-sponsored groups add additional liability that is not completely eliminated by use of the Facility Usage/Indemnity Agreement. Non-sponsored groups or organizations bring added liability, even if they have their own insurance.**

**Groups such as Knights of Columbus, The Legion of Mary, Alcoholics Anonymous and St. Vincent de Paul to name a few, are typically not parish sponsored. However, they are often misinterpreted to be part of the parish or Arch/Diocese. When this confusion occurs, the non-sponsored Catholic group may be legally determined to be part of the parish and/or Arch/Diocese. The end result is that the parish and Arch/Diocese becomes legally and financially responsible for the non-sponsored group's liabilities.**

**What should be done to limit your liability?**

- 1. Require the non-sponsored group to sign the attached "Unaffiliated Organization Agreement."**
- 2. When possible, do not allow the group to use the parish name. Example: "St. Paul's Knights of Columbus". If the parish name must be used, follow the recommendation in 3. below.**
- 3. Be careful how the group is represented verbally and in writing. When advertising an upcoming Knights of Columbus Pancake Breakfast in the parish bulletin, use a phrase similar to, "The Knights of Columbus are not part of and not acting on behalf of the parish or Arch/Diocese."**
- 4. Avoid providing official direction to non-sponsored groups. It's okay to provide space, not direct instructions.**

**Non-sponsored groups can be an important part of parish and Arch/Diocesan ministry. Use of the Unaffiliated Organization Agreement and the above tips will allow continued operation of these groups while decreasing liability. As always, contact Catholic Mutual's Risk Management Department at 1-800-228-6108 with any questions.**

(Revised 11/2018)



# UNAFFILIATED ORGANIZATION AGREEMENT

**PARISH:** \_\_\_\_\_

**PARISH** is understood to include the Arch/Diocese of \_\_\_\_\_

**ORGANIZATION:** \_\_\_\_\_

The undersigned, individually, on behalf of **ORGANIZATION** and on behalf of each member thereof, hereby agree with **PARISH** that in consideration for the **ORGANIZATION**'s use of property owned or managed by the **PARISH**, as follows:

1. The **ORGANIZATION** is not a part of the **ARCH/DIOCESE** or any **PARISH**, is not affiliated or sponsored by the **ARCH/DIOCESE** or any **PARISH** and is not an agent of the **ARCH/DIOCESE** or any **PARISH**. The **ORGANIZATION** does not speak for or represent the **ARCH/DIOCESE** or any **PARISH**.

2. The **ARCH/DIOCESE**, any **PARISH** or their employees may provide spiritual support or spiritual direction to the **ORGANIZATION** or its members; however, any such spiritual support or direction is in matters of religion only and does not create any form of agency or master/servant relationship.

3. The **ORGANIZATION** is not controlled by the **ARCH/DIOCESE**, any **PARISH** or any employee or agent thereof and neither the **ARCH/DIOCESE** nor any **PARISH** receive a direct, tangible or financial benefit from the **ORGANIZATION**'s activities, other than any consideration given for the use of the property.

4. The **ORGANIZATION** is not a participant in and is not the beneficiary of financial protection provided by the Catholic Mutual Protected Self-Insurance program. The **ORGANIZATION** will not be indemnified by the **PARISH** or the **ARCH/DIOCESE** for liability arising from the **ORGANIZATION**'s activities.

5. Any and all liability, whether civil, criminal or otherwise, and whether arising from use of motor vehicles or any other activity of the **ORGANIZATION** or its members, is not assumed and is expressly rejected by the **ARCH/DIOCESE**, the **PARISH** and Catholic Mutual.

6. The **ORGANIZATION**, but not its individual members, agrees to fully protect, defend and indemnify the **ARCH/DIOCESE**, the **PARISH**, Catholic Mutual and their employees and agents for any and all liability sustained as a result of activities of the **ORGANIZATION**, its members, or other **ORGANIZATION**s or members acting on the **ORGANIZATION**'s behalf.

7. Members of the **ORGANIZATION** understand that neither the **PARISH**, the **ARCH/DIOCESE** or Catholic Mutual waive any right they may have to seek indemnity from any individual member of the **ORGANIZATION** if that member's actions lead to a suit or claim against the **PARISH**, the **ARCH/DIOCESE** or Catholic Mutual.

8. This Agreement confers no right to use **PARISH** or **ARCH/DIOCESE** property. Permission to use **PARISH** or **ARCH/DIOCESE** property may be terminated at any time and shall be deemed terminated at the time use of the property discontinues; however, the representations, warranties and indemnity obligations contained herein shall survive termination of this Agreement.

9. The undersigned representative of the **ORGANIZATION** has authority to execute this Agreement and represents and warrants that it has advised every member of the **ORGANIZATION** of its contents.

**ORGANIZATION**

**PARISH**

**Dated:** \_\_\_\_\_

**Dated:** \_\_\_\_\_

**Signed:** \_\_\_\_\_  
**On Behalf of the ORGANIZATION**

**Signed:** \_\_\_\_\_

**Witness:** \_\_\_\_\_

**Witness:** \_\_\_\_\_

## §II-7002.2 Ministry to Minors and Dependent Adults

*Because of its extensive ministries to minors and dependent adults, the Church perhaps has more involvement with these individuals than many other organizations. These individuals have no choice but to be dependent upon adults, particularly those adults in positions of trust and leadership.*

### **II-7002.2 Policy**

It is vitally important that prudence be exercised by all adults in both ministerial and social relationships with minors and dependent adults. In the case of at-risk individuals who are extremely vulnerable, adults should be particularly cautious and sensitive. It is expected that those who deal with these individuals consult regularly with appropriate supervisors.

Following is a set of procedures for all clergy, religious, lay employees, and volunteers of the Diocese of Davenport and anyone using church property in dealing with or in the presence of minors and dependent adults. These guidelines are not meant to be exhaustive but rather to serve as some general principles. At the same time, they are not intended to prevent the performance of ministry but rather to assist in employing good sense in dealing with minors and dependent adults. If it is necessary to depart from these guidelines, adults should be aware of any departure and be able to justify their actions. There are times when one-on-one involvement is unavoidable. In these cases, extreme discretion should be used in relationships with these individuals. Proceed as a prudent person would in similar circumstances.

### **Procedures**

- a) Avoid inappropriate physical contact when alone with minors and dependent adults. In other situations where physical contact is necessary and proper, such as in certain moments in the celebration of the sacraments, use sound discretion and moderation. If a person initiates physical contact out of affection, a response is appropriate if it is not prolonged.
- b) Do not be alone with a minor in a residence, sleeping facilities, a locker room, restroom, a dressing facility or other closed rooms that are less desirable to a ministry relationship.
- c) Seek responsible adults to be present at events involving minors, such as games and athletic activities.
- d) Groups of minors should rarely be left alone. Youth group trips must have enough adult chaperones to provide adequate supervision based upon the type of activity.
- e) Do not take an overnight trip alone with a minor or minors.
- f) Inappropriate language (including profanity) or inappropriate conversation topics should not be used. When people initiate such conversations or use such language in order to seek help or because they lack appropriate vocabulary, you should remain prudent and sensitive.
- g) Do not provide alcohol to anyone under the age of 21. (Wine appropriately used in the celebration of the Eucharist is an exception to this directive.)
- h) Avoid inviting a minor by himself or herself into your house or automobile.
- i) Always maintain a professional posture in dealing with people, avoiding emotional attachment and being aware of the powerful attraction of adults in positions of authority and trust. If one recognizes

personal or physical attraction developing, consult a supervisor or refer the person to another qualified adult, particularly in counseling situations.

- j) If one-on-one pastoral care of a minor should require frequent or regular appointments, parents should be notified that these appointments are occurring. If the subject matter precludes such notification, the minister should consult his or her supervisor.
- k) When practical, two adult supervisors should be present for any church activity outside the classroom situation. Whenever two adults are not present, the adult should refrain from being alone with a minor unless necessary for the nature of the ministry. In those instances, the adult should be in clear view, e.g., through a window or an open door.
- l) Volunteers should be invited to work with minors or dependent adults only after they are known to some degree within the parish or Diocese. For those volunteers not known, a six-month time period to get to know that person would be required. Background checks will also be done in accordance with these policies.
- m) No person should ever strike, bully or purposely humiliate, ridicule, threaten, harm or degrade anyone.
- n) Drivers on trips must be 21 years of age or older with vehicle insurance and a valid driver's license. They must complete a Driver Information Sheet and attach to it a copy of their driver's license and vehicle declaration page listing insurance coverage annually or if information changes. The Driver Information Sheet is retained locally.
- o) All people have an obligation to protect minors and dependent adults, particularly when they are in the care of the Church.
- p) If there is reason to believe that anyone is violating these directives, the person should be challenged in a forthright manner or reported to a supervisor. If there is reason to suspect that child abuse has occurred in a diocesan related entity, this matter must be reported to the supervisor or to the Victim Assistance Coordinator of the Diocese. Mandatory or permissive reports must also be made to the proper authorities. (see Appendix C)
- q) Adult supervisors of outside entities that use church property in the presence of minors or vulnerable adults must produce a letter of good standing from their sponsoring organization and proof of safe environment training that includes background checks.

\_\_\_\_\_  
Name of responsible adult contact in charge of  
renting or using parish and/or school property

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone number during rental or use of property

Date of property rental or use \_\_\_\_\_

\_\_\_\_\_  
Authorization of Approval

This form will be kept on file at the diocesan entity.

## HOW DO I COMPLETE AND PROCESS THE TIDRD PARTY SPECIAL EVENTS APPLICATION FORM?

The application form should be completed in full and must include the following information:

1. Name of Parish or Institution - Please include the name, address and phone number of the parish or facility where the event will be held.
2. Lessee Information (additional insured) - Please include the name of the individual(s) or organization holding the hon-parish sponsored event.
3. Lessee (additional insured) Contact Person- Please indicate the name, address, and telephone number of the person primarily responsible for the activity.
4. **Type of Activity - Please provide a brief description of the activity including the date, time, approximate number of participants, whether or not food and/or liquor is being served.**
5. Processing the Completed Application - One copy of the application should be given to the lessee, another retained for your records; and a third submitted to Catholic Mutual. The original application should be submitted at least 15 business days prior to an event. The copy mailed to Catholic Mutual should be accompanied by a \$95 check issued from your Church or School and made payable to Catholic Mutual. Failure to submit a check from the Church or School account will delay the approval process of the event.

Any questions regarding the completion or processing of the application should be directed to Catholic Mutual.

## ARE THERE RISK MANAGEMENT GUIDELINES TO ASSIST MY PARISH IN ALLOWING OUTSIDE USE OF ITS FACILITIES?

Risk Management Guidelines are available to assist your parish in allowing outside organizations to use your facilities. Please contact Catholic Mutual's Risk Management Department at (800) 228-6108 for further information.

DIOCESE OF DAVENPORT  
THIRD-PARTY SPECIAL EVENTS COVERAGE

TO: Pastor or Parish/School Administrator

FROM: Kris Westlake, Catholic Mutual Group

DATE: June 5, 2023

RE: Third-Party Special Event Checks

**REMINDER ALL CHECKS SHOULD BE  
MADE PAYABLE TO THE  
DIOCESE OF DAVENPORT**

Effective July 1, 2023 the Diocese's Third-Party Special Events applications and payments will be mailed directly to the Diocese of Davenport.

An internal decision was made that Catholic Mutual should no longer collect checks on behalf of our members for Third Party Special Events to remove our exposure of handling Diocesan money.

Below you will find the new process for receiving, processing, and submitting Third Party Special Event applications and collecting checks:

- The completed application and \$95 payment will be mailed to Diocese of Davenport, c/o Colleen Darland, 780 West Central Park Avenue, Davenport, IA 52804.
  - *This is noted on the enclosed application.*
  - ***Checks must be made payable to the Diocese of Davenport.***
  - *No third-party checks will be accepted. The check must be from your parish or school.*
  - Applications and checks need to be submitted at least 15 days in advance of the event.
- Catholic Mutual will invoice the Diocese for any additional charges (inflatables, overnight events, events exceeding three days, liquor liability, or events exceeding 1000 in attendance).

**Please discard all old applications and begin using the enclosed for all events taking place on or after July 1, 2023.** Updated Guidelines are also enclosed reflecting this new procedure. Should you have any questions do not hesitate to contact me. I can be reached at 1-800-228-6108, Ext. 2361 or my email address: [soneil@catholicmutual.org](mailto:soneil@catholicmutual.org).

Enclosures

# Diocese of Davenport

## Special Event Application Best Practices

- Please use the updated form included in this kit for all Third-Party Special Event applications. All forms and payments must be sent to the Diocese of Davenport, attn: Colleen Darland. Checks must be made out to the Diocese of Davenport from the location, not from the lessee.
- When submitting a Third-Party Special Events application, timeliness is paramount. If an event is booked sooner than the minimum 15-day timeline, please reach out to Colleen to discuss possible options.
  - Typically, we will request that you scan a copy of the completed application to [Colleen](#) immediately and then mail the paper copy along with the \$95 payment as soon as possible thereafter. This will help expedite the insurance approval process.
- When helping individuals with the application, please remind them to include as much detail as they can, especially if it's a "unique" event, i.e., not one of the examples listed. This will help streamline the approval process, resulting in fewer questions and back-and-forth communications with Catholic Mutual.
- Ideally, Colleen, the location, and the Lessee will receive an approval notification via email. If you require assistance adding a pre-filled email address to the form for your location, please let Colleen know and she can help personalize the form for you.
- Should an event be cancelled, notify Colleen as soon as such a decision is made in order to cancel the insurance. This may result in a refund of the fee paid, but only if notice is given **before** the event takes place. Cancellations due to weather should be treated in the same way: notify Colleen as soon as a decision is made so communication can be given to Catholic Mutual.
- There are additional resources for lessees that can be found on the CMG Connect platform, many are in both English and Spanish. Anyone in CMG Connect can simply log in and click on the "Resources" button at the top right of the screen, near their name. From there, select "Risk Management CARES Resource Library" for a huge listing of resources. Those under Operations, and Events/Activities would be especially helpful.

**DIOCESE OF DAVENPORT (#0853)**  
**APPLICATION FOR SPECIAL EVENTS COVERAGE**

**Coverage Limit:** \$1,000,000 Combined Single Limit Bodily Injury and Host Liquor Liability, \$500,000 Property Damage Liability.  
Coverage provided is per event (not per claim). **Submission of application does not bind coverage - all events are subject to approval.**

Coverage underwritten by **Markel Insurance Company**; Policy No. on file with C.M.G. Agency, Inc.

**Cost of Coverage: \$95 Per Event (Overnight Stays - \$125)**

**TO AVOID DELAY OR DENIAL OF COVERAGE, PLEASE ENSURE THAT EVERY FIELD IS COMPLETED.**

**Name of Parish or Institution:** \_\_\_\_\_

**Date of Event:** \_\_\_\_\_

**Type of Special Event** (Example: wedding reception, anniv. party, etc. If it's a **FUNDRAISER**, be specific about what is occurring):  
\_\_\_\_\_  
\_\_\_\_\_

**Street (Physical) Address (NO P.O. BOXES):** \_\_\_\_\_

**City/State:** \_\_\_\_\_ **ZIP Code:** \_\_\_\_\_

**Phone No.:** \_\_\_\_\_

**Time of Event:** From \_\_\_\_\_ To \_\_\_\_\_

**Lessee (Additional Insured) Information:**

Name of Sponsoring Organization or Individual Requesting Coverage

\_\_\_\_\_  
(Please **Print** Lessee Name(s) or Organization)

**Is this an overnight event?**

Yes

No

**Approx. Number of Participants:** \_\_\_\_\_

**Is Food Being Served?**

Yes

No

**Is Liquor Being Served?**

(Include Beer & Wine)

Yes

No

Host liquor liability is automatically included, however, if liquor is to be sold (or cost included in ticket price) and/or a license or permit is required in order for you to serve or furnish alcohol, you must secure LIQUOR LIABILITY coverage elsewhere.

**Lessee (Additional Insured) Contact Person:**

**Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City/State:** \_\_\_\_\_ **ZIP Code:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**To receive approval notification please print e-mail(s):**

(Please **Print** E-mail(s) Clearly)

[darland@davenportdiocese.org](mailto:darland@davenportdiocese.org)

**To Note: If liquor liability coverage is NOT purchased and an alcohol related claim results, the claim will be excluded if it is determined that a liquor liability policy should have been purchased.**

**ADDITIONAL CHARGES WILL APPLY FOR:**

- Events which exceed 3 days in duration (charge TBD)
- Inflatable Amusement Device (Must be pre-approved, picture required. Minimum charge of \$100 per inflatable applies; each device is underwritten; charge is determined by size and potential risk.)
- Events that exceed 1,000 in attendance (charge TBD)



- Events where a fee or commission is charged, unless all proceeds go to charity
- Political Rallies
- Amusement rides, including mechanically operated devices, trampolines, & rebounding devices
- Claims related to an epidemic/pandemic

DIOCESE OF DAVENPORT  
ATTN: COLLEEN DARLAND  
780 W. CENTRAL PARK AVE.  
DAVENPORT IA 52804

**PLEASE MAKE CHECK PAYABLE TO: DIOCESE OF DAVENPORT**

**CHECK MUST BE FROM YOUR CHURCH OR SCHOOL.  
NO CHECKS FROM THE LESSEE WILL BE ACCEPTED.**

**IN THE EVENT OF A CLAIM, PLEASE CONTACT C.M.G. AGENCY CLAIMS DEPT: 800-228-6108**

SE\_3P(6/24)



CATHOLIC  
MUTUAL GROUP

# DIOCESE OF DAVENPORT

## Third-Party Special Events Program Reference Guide

JUNE 2023

Catholic Mutual  
Group

*Serving the temporal  
needs of the Church  
since 1889*

COMMITMENT + EXPERTISE + STABILITY

|| Page

## WHAT IS THIRD PARTY SPECIAL EVENTS COVERAGE?

Third Party Special Events Coverage is a mechanism, which allows the Diocese to extend liability coverage to an individual or organization using parish facilities for a non-parish sponsored event. For a cost of \$95 per event, paid for by the lessee, Third Party Special Events Coverage provides \$1,000,000 in liability coverage and is extended to a non-parish sponsored facility user (lessee). There are events when the Lessee will be expected to pay additional charges.

## WHEN SHOULD THIRD PARTY SPECIAL EVENTS COVERAGE BE UTILIZED?

Third Party Special Events Coverage can be used when a parish or other church institution is allowing an individual or organization to use its facilities for a non-parish sponsored activity. When determining if an activity is parish sponsored, the following questions are helpful:

1. Does the parish have full control or final decision-making authority over the function?
2. Do fees associated with the function flow through parish accounts?
3. If applicable, is the function open to all parish members?
4. Is the purpose of the function to facilitate learning, raise funds for the parish or to provide a social service on behalf of the parish?
5. Is the organizer or leader of the function a parish employee or volunteer?

If the answer to any of the above questions is "no," the activity is not parish sponsored meaning that the facility user needs to provide insurance which includes the Diocese and the parish as additional insureds.

**When it is determined that an activity is not parish sponsored, there are two options:**

### **Option I**

The attached facility Usage/Indemnity Agreement can be completed by the organization using parish facilities. This agreement requires a \$1,000,000 in liability coverage, which must name your parish and the Diocese as additional insured.

### **Option II**

When it is determined that an activity is non-parish sponsored, Third Party Special Events coverage can be purchased which will cover the individual or organization holding the activity, the parish, and the Diocese.

## WHO IS ELIGIBLE FOR THIRD PARTY SPECIAL EVENT COVERAGE?

Third Party Special Events coverage is designed for Dioceses and parishes and can be extended to individuals and/or organizations (either profit or non-profit). Many individuals need this coverage for events such as private wedding receptions or family reunions. Non-profit organizations such as a charity organization may need the coverage for a pancake breakfast. A for-profit organization such as a local business may need the coverage for an employee Christmas party held on parish facilities.

## WHAT IS COVERED BY THIRD PARTY SPECIAL EVENTS COVERAGE?

Below is a brief explanation of what is covered by Third Party Special Events Coverage along with some items that are excluded. Please note the actual coverage form must be examined for an exhaustive explanation of what is covered and excluded.

- Most non-parish sponsored activities are covered by Third Party Special Events Coverage. Common examples are wedding receptions, family reunions, birthday parties, graduations, wedding anniversaries, awards banquets, Christmas parties and fund raisers.
- Third Party Special Events coverage provides \$1,000,000 in liability coverage for bodily injury and property damage is provided for the special event user, parish, and Diocese. Please note that the \$1,000,000 limit is shared by the covered parties and is a "per event" coverage.
- Host Liquor liability coverage is provided.
- Events exceeding three days in duration will incur additional charges, which the lessee will be expected to pay.
- Inflatable Amusement Device (bouncehouses), *unless pre-approved and a minimum charge of \$250 will apply. The lessee will be expected to pay.*
- Some types of events are not covered.
  - ▶ Any carnival events.
  - ▶ Fireworks and fireworks display.
  - ▶ Events where guests bring their alcohol ("BYOB").
  - ▶ Events involving, water activities including pool, lake, or water inflatables.

- ▶ Events involving recreational vehicles.
- ▶ Non-religious musical performances/concerts.
- ▶ Any event organized or run by a professional promoter or performers.
- ▶ Organized Sporting events including tournaments and camps.
  - ▶ Some sporting events are allowed but must be pre-approved.
- ▶ Events where a fee or admission is charged unless all proceeds go to charity.
- ▶ Political Rallies.
- ▶ Events involving amusement rides, including mechanically operated devices, trampolines, or rebounding devices.
- ▶ Claims related to an epidemic/pandemic.
- ▶ Events involving more than 1000 people.

## HOW DO I COMPLETE AND PROCESS THE THIRD PARTY SPECIAL EVENTS APPLICATION FORM?

The application form should be completed in full and must include the following information:

1. Name of Parish or Institution - Please include the name, address, phone number and email address of the parish or facility where the event will be held.
2. Lessee Information (additional insured) - Please include the name of the individual(s) or organization holding the non-parish sponsored event.
3. Lessee (additional insured) Contact Person - Please indicate the name, address, and telephone number of the person primarily responsible for the activity.
4. Type of Activity - Please provide a brief description of the activity including the date, time, approximate number of participants, whether food and/or liquor is being served.
5. ***Processing the Completed Application - Mail the application and check to Diocese of Davenport, c/o Colleen Darland, 780 West Central Park Avenue, Davenport, IA 52804. Keep the original copy for your records and provide a copy to the leasing party.***
6. ***Parish checks are to be made payable to the Diocese of Davenport.***
7. ***The Diocese does not accept third-party checks.*** If a third-party check is received, it will be mailed back to the location along with the Special Event application. The application will not be submitted for approval until a parish check is received.
8. If a Special Event application is returned to the location, there is a potential for jeopardizing coverage for the event.
9. Special Event applications received for an event, after the event date will be denied.

Any questions regarding the completion or processing of the application should be directed to Sara O'Neil with Catholic Mutual or Colleen Darland at the Diocese.

### **Claims**

All claims should be reported directly to Catholic Mutual Group's Claims Department at 1-800-228-6108.

## **ARE THERE RISK MANAGEMENT GUIDELINES TO ASSIST WITH MY PARISH IN ALLOWING OUTSIDE USE OF ITS FACILITIES?**

Risk Management Guidelines are available to assist your parish in allowing outside organizations to use your facilities. Information includes, but is not limited to, liquor liability control, security, and food handling. Please contact Catholic Mutual's Risk Management Department at (800) 228-6108 for further information.

*Revised 6/2023*

# **Catholic Mutual... CARES**

## **FACILITY USAGE/INDEMNITY AGREEMENT**

The Facility Usage/Indemnity Agreement must be used when non parish sponsored or affiliated groups use parish facilities on a short-term basis. The following groups are examples of non parish sponsored or affiliated groups that should sign the Facility Usage/Indemnity Agreement:

1. Girl Scouts, Knights of Columbus, American Legion or other similar organizations that use parish facilities for meetings or fundraisers.
2. AAU sport teams or non-parish sponsored sport classes/clinics.
3. Parishioner and non-parishioner families that rent or use parish facilities for wedding receptions, family reunions, anniversary parties or other similar activities. (In lieu of signing the Facility Usage/Indemnity Agreement, a parishioner or non-parishioner family would be eligible to purchase "special event" liability coverage through your parish via Catholic Mutual.) Please note that funeral luncheons are parish sponsored events.
4. Any other organization, municipality or county organization that uses parish facilities for a meeting or function that is non-parish sponsored.

The Facility Usage/Indemnity Agreement requires the facility user to provide the parish with a certificate of insurance documenting general liability coverage in the amount of \$1,000,000 per occurrence. This certificate of insurance must name your parish and the Arch/Diocese as an additional insured. It is not adequate to obtain a certificate of insurance, which names the parish as a "certificate holder."

It is often asked what criteria an organization must meet to be parish sponsored or affiliated. In the event of an insurance claim involving a potential non-parish sponsored activity, the following questions would be asked to further determine if a group was parish sponsored and eligible for insurance coverage:

1. Did the parish have full control over the group or function?
2. Did any costs or fees associated with the function flow through parish accounts?
3. Was the function or group open to all parish members?
4. Was the purpose of the function or group to facilitate learning, raise revenue for the parish or provide a social service on behalf of the parish?
5. Was the teacher or leader of the group a parish volunteer or employee?

In general, a group, which does not meet the definition of an affiliated organization or is unable to answer the above five questions in the affirmative would not be parish sponsored. Accordingly, that group must sign the Facility Usage/Indemnity Agreement and supply the parish with the necessary insurance documentation.

# **FACILITY USAGE/INDEMNITY AGREEMENT**

PARISH: \_\_\_\_\_

PARISH is understood to include the Arch/Diocese of \_\_\_\_\_

FACILITY USER: \_\_\_\_\_

DATES OF FACILITY USAGE: \_\_\_\_\_

TYPE OF FACILITY USAGE: \_\_\_\_\_

The above named FACILITY USER agrees to defend, protect, indemnify and hold harmless the above named PARISH against and from all claims arising from the negligence or fault of the above named FACILITY USER or any of its agents, family members, officers, volunteers, helpers, partners, organizational members or associates which arise out of the above identified FACILITY USAGE at the above named PARISH.

FACILITY USER agrees to provide a certificate of insurance to the PARISH, which provides evidence of general liability coverage of not less than one million dollars (\$1,000,000) per occurrence. FACILITY USER also agrees to have the PARISH named as an "Additional Insured" on its general liability policy for the DATE(S) OF FACILITY USAGE in relationship to the TYPE OF FACILITY USAGE for claims which arise out of FACILITY USER'S operations or are brought against the PARISH by FACILITY USER'S employees, agents, partners, family members, students, customers, function attendees, guests, invitees, organizational members or associates. FACILITY USER also agrees to ensure that its liability insurance policy will be primary in the event of a covered claim or cause of action against PARISH.

If FACILITY USER fails to comply with the above (second) paragraph, then the above named FACILITY USER agrees to protect, defend, hold harmless and fully indemnify the above named PARISH for any claim or cause of action whatsoever arising out of or related to the usage which takes place during the above identified DATE(S) OF FACILITY USAGE that is brought against the PARISH by the above named FACILITY USER or its employees, agents, partners, family members, students, customers, function attendees, guests, invitees, organizational members or associates, even if such claim arises from the alleged negligence of the PARISH, its employees or agents, or the negligence of any other individual or organization. This paragraph does not relieve FACILITY USER's responsibility to comply with the above (second) paragraph.

If any sentence or paragraph of this agreement is held invalid, it is agreed that the balance thereof, shall continue in full legal force and effect.

SIGNED BY: \_\_\_\_\_

(Must be an official agent of FACILITY USER)

NAME (Please print): \_\_\_\_\_

DATE: \_\_\_\_\_



## Adult Hold Harmless/Indemnity Agreement

These are examples of events that would necessitate the signing of the Adult Hold Harmless/Indemnity Agreement on the next page.

# *Catholic Mutual. . . "CARES"*

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## **ADULT HOLD HARMLESS/INDEMNITY AGREEMENT**

Ideally, individuals utilizing parish premises for activities that are neither parish sponsored nor affiliated, should be providing the parish with a certificate of insurance naming the parish and the Arch/Diocese as an additional insured. However, in certain instances when groups or individuals do not have insurance, the Adult Hold Harmless/Indemnity Agreement can be used. The Adult Hold Harmless/Indemnity Agreement has not been designed to be a replacement for insurance, but has been developed only for certain situations. Specifically, the Adult Hold Harmless/Indemnity Agreement must be utilized for the following situations that are often encountered by parishes:

1. Adult Athletic Participation - Adults who use or rent the parish gym for "non-parish sponsored" basketball or volleyball must sign the Adult Hold Harmless/Indemnity Agreement. It is not adequate to have one representative of a sports group sign an agreement. Each individual must sign an agreement for the contracts to be valid. Please note that a new agreement does not have to be obtained for each usage of the gym if the gym is being utilized on a seasonal basis. Instead, the parish may obtain one signed agreement per individual, per season.
2. Craft Fairs - Considering that a parish craft fair usually involves a large number of craft vendors, it is impossible to obtain a certificate of insurance from each vendor. Instead, an Adult Hold Harmless/Indemnity Agreement should be distributed with the craft vendors' registration material for the vendor to sign. A craft vendor who does not sign an Adult Hold Harmless/Indemnity Agreement should not be allowed to participate in your parish's craft fair.
3. Other Small Groups - In rare instances, the Adult Hold Harmless/Indemnity Agreement can be used for very small groups that do not have liability insurance. Similar to the adult athletic participation, in these cases an Adult Hold Harmless/Indemnity Agreement must be obtained from each individual of each group who utilizes parish facilities. When dealing with large groups, it is not feasible to have each group member sign an agreement. Considering this, large groups must sign the Facility Usage/Indemnity Agreement, which requires insurance.

The Adult Hold Harmless/Indemnity Agreement is a legal contract between your parish and the individual who signs the agreement. The agreement will effectively bar the signer of the agreement from making a claim against the parish. Please note that the Adult Hold Harmless/Indemnity Agreement is only valid when the signer is at least 18 years of age. The parish should not alter the agreement in any way as an alteration could result in nullifying the legality of the agreement. Original copies of signed Adult Hold Harmless/Indemnity Agreements should be kept in parish files for at least two years. Injuries and accidents are often not promptly reported, necessitating the need for original copies to be maintained.

## **ADULT HOLD HARMLESS/INDEMNITY AGREEMENT**

PARISH: \_\_\_\_\_  
(PARISH is understood to include the Arch/Diocese of \_ \_ \_ \_ \_)

ACTIVITY PARTICIPANT OR FACILITY USER: \_\_\_\_\_

DATES OF ACTIVITY OR USAGE: \_\_\_\_\_

TYPE OF ACTIVITY OR USAGE: \_\_\_\_\_

The above named ACTIVITY PARTICIPANT OR FACILITY USER agrees to defend, protect, indemnify and hold harmless the above named PARISH against and from all claims arising from the negligence or fault of the above named ACTIVITY PARTICIPANT OR FACILITY USER which arise out of the above named ACTIVITY OR USAGE at the above named PARISH.

Additionally, the above named ACTIVITY PARTICIPANT OR FACILITY USER agrees to protect, defend, hold harmless and fully indemnify the above named PARISH for any claim or cause of action whatsoever arising out of the above mentioned ACTIVITY OR USAGE which takes place during the above identified DATE(S) OF ACTIVITY OR USAGE that is brought against the PARISH by the above named ACTIVITY PARTICIPANT OR FACILITY USER or their family members whether such claim arises from the alleged negligence of the PARISH, its employees or agents or ACTIVITY PARTICIPANT or FACILITY USER'S negligence. If any portion of this agreement is held invalid, it is agreed that the balance thereof, shall continue in full legal force and effect.

SIGNED BY: \_\_\_\_\_

NAME (Please Print): \_\_\_\_\_

DATE: \_\_\_\_\_

ADUHH (12/10)

## **Section 9**

# Boiler Inspections



CATHOLIC  
MUTUAL  
GROUP



Effective 7/01/18, Travelers BoilerRE provides the Boiler and Machinery coverage in conjunction with Catholic Mutual Group, as part of the Catholic Mutual policy.

Travelers BoilerRE, on behalf of Catholic Mutual Group, will perform all operational safety Jurisdictional inspections on boilers and pressure vessels required by local/state law.

If you receive an inspection request, please contact Travelers' Boiler RE Engineering Hotline at the number or email below. Please be prepared to provide your location address and contact information. Note: while the automated attendant requests a policy number, it is not required.

Phone: 800-425-4119

Fax: 877-764-9535

Email: [Boilinsp@Travelers.com](mailto:Boilinsp@Travelers.com)

If you need help or further assistance, please feel free to contact your Member Services Representative at Catholic Mutual, Sara O'Neil.

[soneil@catholicmutual.org](mailto:soneil@catholicmutual.org) phone 1-800-228-6108 ext. 2361

If you have a loss/damage claim involving a boiler please follow normal procedures and contact Catholic Mutual - do not report the claim directly to Travelers BoilerRE.

## **Section 10**

### **Employment Practices Liability**

## Employment Practices Liability

### Claims Made Form

Insuring Company: Catholic Mutual Group

Each Occurrence Limit \$1,000,000

Aggregate Limit (applies per certificate holder) \$1,000,000

Deductible 20% Coinsurance subject to max of \$25,000

Retroactive date July 1, 2015

Coverage for claims first made against you (subsequent to the Retroactive Date) and reported during the policy period, arising out of employment related practices, such as:

- Wrongful termination
- Refusal to employ
- Demotion
- Evaluation
- Discrimination
- Violation of Civil Rights with respect to race, color, religion, gender, age, sexual orientation, physical or mental condition
- Harassment

*In order for coverage to apply, each termination must be subject to a "professional review".*

Contact Tiara Hatfield, [hatfield@davenportdiocese.org](mailto:hatfield@davenportdiocese.org), and she will submit the information you give her for the reasons for the termination to an outside group of Human Resource lawyers who will respond to the circumstances of the termination, performance review, discrimination and more. A response is received within 24 hours of the information being submitted to the lawyers.

## **Section 11**

### **Request for Certificate of Insurance**

## **Request for Property and/or Liability Certificate**

### **Completing the Form**

- Providing all requested information ensures a timely receipt of the Certificate of Insurance.
- Always include a copy of the agreement/contract (preferably unsigned) when additional insured status is required.
- Agreements and contracts will be reviewed for any unfavorable language and also verify the diocesan insurance program meets the types of coverage and limits of insurance required by contract. Allow 5-10 days for contract review.
- Submit request to address on form and attention to Sara O'Neil.



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**DIOCESE OF DAVENPORT**

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**REQUEST FOR PROPERTY AND/OR LIABILITY CERTIFICATE**

DATE: \_\_\_\_\_

PARISH/LOCATION NAME: \_\_\_\_\_

COMPLETE ADDRESS: \_\_\_\_\_

IF A RENEWAL CERT, PLEASE GIVE FORM # FROM BOTTOM LEFT HAND CORNER: \_\_\_\_\_

DATE(S) OF EVENT: \_\_\_\_\_

EVENT: \_\_\_\_\_

WHO IS REQUESTING CERTIFICATE?: \_\_\_\_\_

IS THERE AN AGREEMENT OR CONTRACT (IF YES, PLEASE ATTACH) \_\_\_\_\_

DO THEY NEED TO BE NAMED ADDITIONAL PROTECTED PERSON(S)?: \_\_\_\_\_ YES - CONTRACT ATTACHED

\_\_\_\_\_ NO-VERIFICATION ONLY

SPECIAL INSTRUCTIONS: \_\_\_\_\_

---

MAILING INSTRUCTIONS: \_\_\_\_\_

FAX/E-MAIL INFORMATION, IF APPLICABLE: \_\_\_\_\_

**PROPERTY CERTIFICATE: (PLEASE ATTACH LEASE AGREEMENT)**

LOSS PAYEE/MORTGAGEE NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DESCRIPTION OF PROPERTY: \_\_\_\_\_

PROPERTY VALUE: \_\_\_\_\_

LEASE TERM: \_\_\_\_\_

FOR INTERNAL USE ONLY: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



**CATHOLIC MUTUAL GROUP**

10843 Old Mill Road

Omaha NE 681 54-2600

800) 22 8-6108

(402) 551-2943 - FAX

## **Section 12**

### Contract Review

# CONTRACT REVIEW

Your parish/school will be asked to enter into contractual obligations at various times throughout the year. In some cases, those obligations transfers risk to your insurance program. These transfers are not always allowed by your insurance company. These contracts need to be reviewed to see if we can make the specific changes to bring us into compliance and/or get the necessary paperwork to comply or have others comply with indemnity clauses.

Before you enter into any contract, contact us so we can have our agents review the insurance provisions in the proposed contract.

They will summarize and communicate the significant insurance obligations.

They will confirm what our insurance will provide or not provide.

Our insurance coverage is subject to the terms, conditions, exclusions and other provisions of the policies and any applicable regulations, rating rules or plans.

Please contact Tiara Hatfield at 563-888-4366, [hatfield@davenportdiocese.org](mailto:hatfield@davenportdiocese.org) and she will start the request process for a contract review by one of our agents.

## **Section 13**

### Liquor Liability

## LIQUOR LIABILITY

We realize that obtaining liquor liability for events that include alcohol can be a confusing process. We would like to give you a brief outline of who needs this extra coverage and how to get it.

Liquor Liability is needed if you are *“in the business of selling, serving, or furnishing alcoholic beverages.”* Our experience has been that you are considered as “in the business of” if you advertise that alcohol will be served (either on promotional posters or the admission tickets) or if there is any exchange of money (“donations” are considered exchange of money) for the alcohol. Your city or county officials should determine if your event requires a liquor license.

A license from the State of Iowa is needed if the above applies to the event. Liquor license applications are now completed *online* at [www.iowaabd.com](http://www.iowaabd.com)

The website will guide you through the *online* liquor license application process. There are two particular parts of the *online* application that seem to be confusing. The application asks for Name of Applicant. **This should always be the corporate name of your church or school, not the person completing the application.** The next line is “DBA” (abbreviation for “doing business as”). You may enter the name of your event or simply input your corporate name again. The effective date should **always be the first day that alcohol will be served on your premises in conjunction with the event.** **Send a copy of this application along with your liquor liability application to Catholic Mutual Group.**

### A few things to note when completing your online application with the Iowa ABD:

- The effective/expiration dates on the dram certificate **must** match the liquor license. This will determine the effective dates of the policy.
- Typically a short term liquor license will be issued for 5 days even if the event itself is 2; the short term policy effective dates will reflect the license dates.
- **The name and location of the event in which you apply on the Iowa ABD website must match verbatim what you use on the application.** This is how the company will be able to approve your dram certificate so you are able to obtain the liquor license. **If the names do not match a Service Fee of \$150 will apply.**
- ☐ **The Diocese of Davenport requires *minimum* limits of \$500,000/\$500,000 (effective December 18, 2019). This is reflected on the application.**

The *online* license application asks for the name of the insurance carrier providing the liquor liability (or dram shop) coverage. Please enter **Illinois Union Insurance Company (Westchester)** as the insurance carrier. If changes need to be made to the *online* license application after completing it initially – you may contact the Iowa ABD at 866 – 469- 2223, select option 1 or 515-281-7400, select option 1 and they should be able to amend this for you.

After you have completed the *online* Liquor License application successfully, the website site will indicate that your application is “approved pending dram insurance”. At this point, please contact Sara O'Neil at Catholic Mutual for a Liquor Liability Insurance application.  
Phone: 800-228-6108, ext. 2361 Email is: [soneil@catholicmutual.org](mailto:soneil@catholicmutual.org)

An application for Liquor Liability Insurance (Dram) must be submitted **before** the Liquor Insurance and Liquor License can be issued. The application asks questions about the event, such as how many people attend, the average age group, what type of event, the hours of the event and the type and quantity of alcohol being served. Return the completed application to Sara O’Neil at Catholic Mutual. Sara will obtain the insurance coverage at this point from the insurance carrier **IllinoisUnion (Westchester)** and will let you know the premium. Please include with your application the “need by date” to present this information to your city/county officials for their approval.

When the insurance is in place, your license will be approved and the certificate will be issued online with the Iowa Alcoholic Beverages Division, usually within 7 business days.

Please do not hesitate to contact our office with any questions you may have.

# Special Event Product Application

## GENERAL APPLICANT INFORMATION:

Applicant's name: \_\_\_\_\_  
 Location address for event: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Name of primary contact: \_\_\_\_\_ Email address of primary contact: \_\_\_\_\_  
 Phone number: \_\_\_\_\_

## TYPE OF EVENT:

- |                                                 |                                                  |                                                    |
|-------------------------------------------------|--------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Festival/Fair          | <input type="checkbox"/> Individual Vendor Booth | <input type="checkbox"/> Sporting Event/Tournament |
| <input type="checkbox"/> Concerts/Musical Event | <input type="checkbox"/> Parade                  | <input type="checkbox"/> Theater Performance       |
| <input type="checkbox"/> Convention/Trade Show  | <input type="checkbox"/> Wedding                 | <input type="checkbox"/> Party/Picnic/Social Event |
| <input type="checkbox"/> Competition/Show       | <input type="checkbox"/> Motor Vehicle Race/Show | <input type="checkbox"/> Beer Garden, Beer Tent    |
| <input type="checkbox"/> Rodeo                  |                                                  |                                                    |

☐ Fundraiser (describe): \_\_\_\_\_

☐ Other (describe): \_\_\_\_\_

Full description of event activities: \_\_\_\_\_

Describe applicant's role or interest in event: \_\_\_\_\_

## COVERAGE REQUESTED:

- ☐ General Liability and Liquor Liability      ☐ General Liability Only      ☒ Liquor Liability Only

## DESIRED LIABILITY

### LIMITS:

- |                                                         |                                                  |                                                  |
|---------------------------------------------------------|--------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> \$300,000/\$300,000            | <input type="checkbox"/> \$500,000/\$1,000,000   | <input type="checkbox"/> \$1,000,000/\$3,000,000 |
| <input type="checkbox"/> \$300,000/\$600,000            | <input type="checkbox"/> \$1,000,000/\$1,000,000 | <input type="checkbox"/> \$2,000,000/\$2,000,000 |
| <input checked="" type="checkbox"/> \$500,000/\$500,000 | <input type="checkbox"/> \$1,000,000/\$2,000,000 | <input type="checkbox"/> \$3,000,000/\$3,000,000 |

**DATES OF EVENT:** Start date \_\_\_\_/\_\_\_\_/\_\_\_\_ End date \_\_\_\_/\_\_\_\_/\_\_\_\_

Is Set-up coverage required? Yes ☐ No ☐

If yes, list dates \_\_\_\_\_

Is Takedown coverage required? Yes ☐ No ☐

If yes, list dates \_\_\_\_\_

Is Rain Date coverage needed? Yes ☐ No ☐

If yes, provide alternate date(s) for event \_\_\_\_\_

Will event end after 2:00 am on any day? Yes ☐ No ☐

If yes, provide details \_\_\_\_\_

**UNDERWRITING ELIGIBILITY:**

- Any use of heavy machinery such as bulldozers, backhoes, cranes, excavators or similar equipment? Yes ☐ No ☐
- Does event feature overnight camping, bonfires, swimming, boating, jet skis or on-water fishing? Yes ☐ No ☐

**ADDITIONAL INSURED:**

Name	Interest	Mailing Address
%jPDFIF PG %BWFOQPSU	\$POUSPMJJOH &OUJUZ	7808.\$FOUSBM1BSL"WF. %BWFOQPSU,*" 52804

- Is Primary and Non-contributory wording needed? Yes ☐ No ☐
- If yes, list number of contracts needed: \_\_\_\_\_
- Is Waiver of Subrogation needed? Yes ☐ No ☐
- If yes, list number of contracts needed \_\_\_\_\_

**LOSS HISTORY:**

Date of Loss	Description of Loss	Open/Closed?	Amount	Reserve Amount

**GENERAL LIABILITY UNDERWRITING INFORMATION:**

- Estimated number of attendees per day \_\_\_\_\_  
If applicant is operating an individual vendor booth, list estimated attendees expected at booth: \_\_\_\_\_
- Does the event feature any of the following:
  - Mechanical or carnival rides or devices? Yes ☐ No ☐
  - Fireworks, firearms or pyrotechnics? Yes ☐ No ☐
  - Haunted houses or hayrides? Yes ☐ No ☐
  - Hot air balloon, helicopter or airplane rides? Yes ☐ No ☐
  - Celebrities or high-profile attendees? Yes ☐ No ☐
 If yes, please list \_\_\_\_\_
- Is security provided? Yes ☐ No ☐  
If yes, and security is provided by independent contractors, are they required to carry their own liability insurance? Yes ☐ No ☐
- Will the event feature any medical or health screenings/treatment? Yes ☐ No ☐

**LIQUOR LIABILITY UNDERWRITING INFORMATION:**

- Estimated number of attendees consuming alcohol per day \_\_\_\_\_
- Is the applicant an individual or business that regularly sells, serves or furnishes alcohol? Yes ☐ No ☐
- Will the alcohol be sold or served by a professional bartender with formal alcohol server training? Yes ☐ No ☐
- Will the applicant be selling alcohol at the event? Yes ☐ No ☐
- Is self-service or BYOB (bring-your-own-bottle) permitted? Yes ☐ No ☐

**ELIGIBILITY BY EVENT TYPE – complete if applicable: Wedding**

- Is applicant (who is hosting the wedding), in the business of selling, serving or furnishing alcohol and/or required to purchase a liquor license for the event? Yes ☐ No ☐
- Is a caterer or professional bartender serving the alcohol at the event? Yes ☐ No ☐
- Does applicant require coverage for a rehearsal dinner? Yes ☐ No ☐  
If yes, provide date: \_\_\_\_/\_\_\_\_/\_\_\_\_



Optional coverages (eligible wedding events only):

Type Of Coverage	Limit Needed	Maximum Limit
Cancellation or Postponement Coverage	\$	\$50,000
Photographs or Video Coverage	\$	\$10,000
Event Gift Coverage	\$	\$10,000
Damage to Wedding Attire (\$1,000 included automatically)	\$	\$10,000
Loss of Deposits (\$1,000 included automatically)	\$	\$10,000
Scheduled Jewelry Coverage Item		\$10,000 total
Description _____	\$ _____	
Item Description _____	\$ _____	
Item Description _____	\$ _____	
Item Description _____	\$ _____	

### Concert/Musical Event

- Check type of music featured: ☐ Rock ☐ Country ☐ Hip-hop/Rap ☐ Gospel ☐ Heavy Metal  
☐ Folk/Cultural ☐ Jazz/Blues ☐ Orchestra  
☐ Other (describe): \_\_\_\_\_
- Are performers known on national level? Yes ☐ No ☐
- List name(s) of performer(s): \_\_\_\_\_

### Sporting/Athletic Event

- Describe type of event: \_\_\_\_\_
- Does event involve professional athletes? Yes ☐ No ☐  
If yes, list the athletes' names \_\_\_\_\_
- Does event include an obstacle course, mud run, trail run or off-road course? Yes ☐ No ☐

### Motor Vehicle Race, Rodeo, Tractor Pull or Truck Show

- Is the venue designed specifically for this type of event? Yes ☐ No ☐
- Are permanent barriers made from metal, concrete or similar material in place to protect spectators? Yes ☐ No ☐
- List height of the barriers \_\_\_\_\_ feet
- Are spectators permitted in the infield or pit areas? Yes ☐ No ☐
- Will the event allow audience participation in the ring/infield? Yes ☐ No ☐
- Does event include an obstacle course, mud run, trail run or off-road course? Yes ☐ No ☐
- Does event feature drag racing, flame-throwing or burnouts? Yes ☐ No ☐

### Car Show or Motor Vehicle Show

- Do vehicles remain in stationary during the event? Yes ☐ No ☐
- Does event feature drag racing, flame-throwing or burnouts? Yes ☐ No ☐

## **Fraud Warning Statements:**

**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**NOTICE TO ARKANSAS, LOUISIANA, RHODE ISLAND AND WEST VIRGINIA APPLICANTS:** Any person who knowingly presents a false or fraudulent statement for payment of a loss or benefit or knowingly presents false information in an application in insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** WARNING: it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, the insurer may deny insurance benefits, if false information materially related to the claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**NOTICE TO KANSAS APPLICANTS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of any insurance policy for commercial or personal insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MINNESOTA APPLICANTS:** A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal or civil penalties.

**NOTICE TO NEW MEXICO APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

**NOTICE TO NEW YORK APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against any insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO OREGON APPLICANTS:** Any person who knowingly and with intent to defraud an insurance company or another

person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**NOTICE TO VERMONT APPLICANTS:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO ALL OTHER APPLICANTS:**

**ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS INFORMATION FOR THE PURPOSE OF MISLEADING, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.**

**Producer's name:** \$.( "HFODZ,\*OD.

**Address:** 10843 0ME .JM 3E 0NBIB, /& 68154

**Applicant's Signature:** \_\_\_\_\_

**Title of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## **Section 14**


### **Certificate of Liability for Knights of Columbus Events**

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
**7/2/2025**

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.**

**IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).**

<b>PRODUCER</b>  Holmes Murphy & Associates 2727 Grand Prairie Parkway Waukee Iowa, 50263	<div style="text-align: center;">  <p>HOLMES MURPHY.</p> </div> <div style="border: 1px solid black; padding: 2px;"> <b>CONTACT NAME:</b> Phillip Naples  <b>PHONE (A/C, No, Ext):</b> (844) 757-1810      <b>FAX (A/C, No):</b>  <b>E-MAIL ADDRESS:</b> coreservice@holmesmurphy.com                 </div>														
<b>INSURED</b>  Knights of Columbus Iowa State Council PO Box 91  Oskaloosa Iowa, 52577	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td><b>INSURER A :</b> Philadelphia Indemnity Insurance Company</td> <td style="text-align: center;">18058</td> </tr> <tr> <td><b>INSURER B :</b></td> <td></td> </tr> <tr> <td><b>INSURER C :</b></td> <td></td> </tr> <tr> <td><b>INSURER D :</b></td> <td></td> </tr> <tr> <td><b>INSURER E :</b></td> <td></td> </tr> <tr> <td><b>INSURER F :</b></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	<b>INSURER A :</b> Philadelphia Indemnity Insurance Company	18058	<b>INSURER B :</b>		<b>INSURER C :</b>		<b>INSURER D :</b>		<b>INSURER E :</b>		<b>INSURER F :</b>	
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## COVERAGES

**CERTIFICATE NUMBER:**


**REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE				ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X	COMMERCIAL GENERAL LIABILITY			Y	Y	PHPK2553343-007	07/01/2025	07/01/2026	EACH OCCURRENCE	\$ 1,000,000.00
			CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000.00
										MED EXP (Any one person)	\$ 5,000.00
										PERSONAL & ADV INJURY	\$ 1,000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:									GENERAL AGGREGATE	\$ 2,000,000.00
	X	POLICY	PRO-JECT	LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000.00
		OTHER:									\$
A	AUTOMOBILE LIABILITY				Y	Y	PHPK2553343-007	07/01/2025	07/01/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000.00
		ANY AUTO								BODILY INJURY (Per person)	\$
		OWNED AUTOS ONLY		SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	X	HIRED AUTOS ONLY	X	NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
											\$
A	X	UMBRELLA LIAB		X	OCCUR	PHUB863589-007	07/01/2025	07/01/2026	EACH OCCURRENCE	\$ 1,000,000.00	
		EXCESS LIAB			CLAIMS-MADE				AGGREGATE	\$ 1,000,000.00	
	X	DED		RETENTION \$	\$10,000					\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below N / A										
A	Employee Theft						PHPK2553343-007	07/01/2025	07/01/2026	Each Occurrence	\$250,000.00

## CERTIFICATE HOLDER

## CANCELLATION

The Diocese of Davenport 780 West Central Park Ave Davenport Iowa, 52804	<p><b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b></p>
	<p><b>AUTHORIZED REPRESENTATIVE</b></p> <div style="text-align: right;">                   Phillip Naples             </div>

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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The Diocese of Davenport is listed as an Additional Insured on a primary and noncontributory basis per policy terms and conditions.



CERTIFICATE HOLDER

The Diocese of Davenport  
780 West Central Park Ave  
Davenport Iowa, 52804

CANCELLATION

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AUTHORIZED REPRESENTATIVE

Phillip Naples


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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
**7/2/2025**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <b>N / A</b> <b>(Mandatory in NH)</b> If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Property			PHPK2553343-007	07/01/2025	07/01/2026	Business Personal \$9,500.00 Property Business Personal \$21,632.00 Property

## CERTIFICATE HOLDER

## CANCELLATION

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**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

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 Phillip Naples

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