Catholic Mutual. . . "CARES"

HOW DO I KNOW IF MY PARISH HAS BEEN NAMED AS AN "ADDITIONAL INSURED?"

Many parishes have a difficult time determining when they have been named as an additional insured on a tenant, contractor or facility user insurance policy. Parishes often obtain a certificate of insurance, which names the parish as a "certificate holder." Please refer to Exhibit A where St. Augustine Parish has been named as a "certificate holder." It is not adequate to be named as a "certificate holder."

The insurance certificate furnished to the parish by the tenant, contractor or facility user must indicate in writing that both the parish and the Arch/Diocese are named as an additional insured. Please refer to Exhibits B and C for examples of certificates of insurance where parishes have been named as an additional insured. Please note that not every certificate of insurance naming the parish and the Arch/Diocese as an additional insured will look like Exhibits B and C. However, somewhere on the certificate the words additional insured must appear.

It is very important that the parish be listed as an additional insured rather than as a "certificate holder." As a "certificate holder," the parish has no legal rights under a tenant, contractor or facility user's insurance policy. However, when the parish has been named as an additional insured, the insurance policy of the tenant, contractor or facility user must defend the parish against claims, which resulted from tenant, contractor or facility user operations at the parish. The purpose of being named as an additional insured is to reduce the number of dollars spent on claims not related to parish activities. Therefore, it is essential that parishes verify that both the parish and the Arch/Diocese have been named as an additional insured.

Since a contractor, tenant, facility user or parish festival vendor will have to make a specific request to their insurance company to get the parish named as an additional insured, it is important to inform them of this requirement well in advance.

/	ACORD, C	ERTIF	ICATE OF LIABI	LITY INS	URANC	E	DATE (MM/DD/YY)		
RO	Palmer & Cay Girl Scout A P.O. Box 847			ONLY AN	D CONFERS N THIS CERTIFICA E COVERAGE A	UED AS A MATTER OF RIGHTS UPON THATE DOES NOT AMERICAN THE PROPERTY OF THE PRO	HE CERTIFICATE ND, EXTEND OR OLICIES BELOW.		
Savannah, GA 31402				12 A C +	INSURERS AFFORDING COVERAGE				
				INSURER B:	INSURER A: St. Paul Fire & Marine Ins. Company INSURER B:				
ABC Company				INSURER D:	INSURER D: PROPERTY AND AN ARCHITECTURE SHEET				
0	VERAGES			INSURER E:					
Al M	NY REQUIREMENT, TER AY PERTAIN, THE INSUR	M OR CONE RANCE AFFO	D BELOW HAVE BEEN ISSUED TO THE I DITION OF ANY CONTRACT OR OTHEI DRDED BY THE POLICIES DESCRIBED I IN MAY HAVE BEEN REDUCED BY PAIL	R DOCUMENT WITH	H RESPECT TO WE	HICH THIS CERTIFICATE I	MAY BE ISSUED OR		
SR TR	TYPE OF INSURAN	CE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMIT	rs		
	GENERAL LIABILITY					EACH OCCURRENCE	\$1,000,000		
A	X COMMERCIAL GENERA	AL LIABILITY		WINDSKII -		FIRE DAMAGE (Any one fire)	\$250,000		
A	CLAIMS MADE	X OCCUR				MED EXP (Any one person)	s 5,000		
						PERSONAL & ADV INJURY	\$1,000,000		
	V.SIDV	HER TURKEN		أراء والراحة	run ad Illeuruy	GENERAL AGGREGATE	\$10,000,000		
	GEN'L AGGREGATE LIMIT A	PPLIES PER:		an to excludes	HIMMIT SHAMMIN	PRODUCTS - COMP/OP AGG	\$10,000,000		
	POLICY PRO- JECT	LOC			helixa Juhama	levilegen to ylerian:	ME.		
	AUTOMOBILE LIABILITY ANY AUTO		EXHIBIT "A"			COMBINED SINGLE LIMIT (Ea accident)	s		
	ALL OWNED AUTOS SCHEDULED AUTOS					BODILY INJURY (Per person)	s		
	NON-OWNED AUTOS					BODILY INJURY (Per accident)	s		
	-					PROPERTY DAMAGE (Per accident)	\$		
	GARAGE LIABILITY					AUTO ONLY - EA ACCIDENT	\$		
	ANY AUTO					OTHER THAN AUTO ONLY: EA ACC	\$		
	EXCESS LIABILITY					EACH OCCURRENCE	\$		
	OCCUR CL	AIMS MADE				AGGREGATE	\$		
	DEDUCTIBLE RETENTION \$):		s		
	WORKERS COMPENSATION	AND				WC STATU- TORY LIMITS ER			
	EMPLOYERS' LIABILITY	NAME OF TAXABLE PARTY.				E.L. EACH ACCIDENT	s		
						E.L. DISEASE - EA EMPLOYEE			
	OTHER					EXHIBIT "A			
EC	CDIDTION OF COURT ATIONS	OCATION CA	UIOL FO/EVOLUCIONO ADDES DA TURO	UTIONEOU I					
			HICLES/EXCLUSIONS ADDED BY ENDORSEME	NT/SPECIAL PROVISION	NS				
E	RTIFICATE HOLDER	ADD	IITIONAL INSURED; INSURER LETTER:	CANCELLAT	TION				
ADDITIONAL INSURED, INSURED LETTER.						RED POLICIES RE CANCELLED	REFORE THE EXPLORATION		
Carmelite Monastery				The second secon	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN				
2530 S. Howell Avenue				1					
Anywhere, USA 98765					NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL				
	anywhere, USA	30/03			IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR				
				The state of the s	REPRESENTATIVES. AUTHORIZED REPRESENTATIVE				
				AUTHORIZED RE	PHESENTATIVE				

	ACORD, CERTI	FICATE OF LIABI	LITY INS	SURANC	E	DATE (MM/DD/YY)		
PRO	Adams Insurance 11046 W. Blumon P.O. Box 26308	und 8	HOLDER.	THIS CERTIFIC	SUED AS A MATTER ON RIGHTS UPON TO AME AFFORDED BY THE F	HE CERTIFICATE		
INC	Milwaukee, WI	53226	THOSE	INSURERS	AFFORDING COVERA	GE		
INSURED				INSURER A: Heritage Mutual Ins. Company				
	Construction,	Inc.	INSURER B:	EXHIBIT "B'	1			
			INSURER D:	EXIIIDII B	The Property and	1		
00	WEDAGE	www.exobas.ubusPo.co/Lucopion	INSURER E:	Laidet neisselle	n intert of the blood and t	The state of the s		
T A N P	IAY PERTAIN, THE INSURANCE AFF OLICIES. AGGREGATE LIMITS SHOW	D BELOW HAVE BEEN ISSUED TO THE II DITION OF ANY CONTRACT OR OTHER ORDED BY THE POLICIES DESCRIBED IN WN MAY HAVE BEEN REDUCED BY PAID	I DOCCIVILIAL AALI	BOVE FOR THE PO TH RESPECT TO W OT TO ALL THE TER	DLICY PERIOD INDICATED. /HICH THIS CERTIFICATE RMS, EXCLUSIONS AND CO	NOTWITHSTANDING MAY BE ISSUED OR DNDITIONS OF SUCH		
LTR		POLICY NUMBER		POLICY EXPIRATION DATE (MM/DD/YY)	LIMI	TS		
Α	GENERAL LIABILITY			DATE (MINUDE) (1)	EACH OCCURRENCE	\$1,000		
A	X COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR	0.5544	ta noul		FIRE DAMAGE (Any one fire)	\$ 50		
11	CLAIMS MADE A OCCUR	965541	06/01/94	06/01/95	MED EXP (Any one person)	\$		
					PERSONAL & ADV INJURY	s1,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:	in the rest and used like sh	100	di etc de note	GENERAL AGGREGATE	\$1,000		
	POLICY PRO- LOC			MATERIAL PROPERTY AND	PRODUCTS - COMP/OP AGG	\$1,000		
A	X ANY AUTO ALL OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	\$1,000		
A	SCHEDULED AUTOS X HIRED AUTOS	965541	06/01/94	06/01/95	BODILY INJURY (Per person)	s		
A	X NON-OWNED AUTOS				BODILY INJURY (Per accident)	s		
					PROPERTY DAMAGE (Per accident)	\$		
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	s		
	ANY AUTO	EXHIBIT "B"			OTHER THAN EA ACC	s		
	EXCESS LIABILITY				AUTO ONLY: AGG			
	OCCUR CLAIMS MADE				AGGREGATE	\$		
					Nadricarie	\$		
	DEDUCTIBLE					\$		
-	RETENTION \$					s		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	965541	06/01/94	06/01/95	WC STATU- OTH- TORY LIMITS ER			
A					E.L. EACH ACCIDENT	s 100		
				00,00,00	E.L. DISEASE - EA EMPLOYEE	s 100		
	OTHER				E.L. DISEASE - POLICY LIMIT	s 500		
					EXHIE	BIT "B"		
ESC	RIPTION OF OPERATIONS/LOCATIONS/VEH	HICLES/EXCLUSIONS ADDED BY ENDORSEMENT	T/SPECIAL PROVISION	IS				
*A	DDITIONAL INSURED IS CARMELITE MONASTERY_	ADDED FOR LIABILITY - M ONLY VALID WHEN CONST	EMBER ORGAN	NIZATION IS NC. IS CONDU	ADDED AS ADDITI JCTING THEIR OPE	ONAL INSURED		
EF	TIFICATE HOLDER ADDI	TIONAL INCUDED INCUDES :	OANOP: =	1011				
		TIONAL INSURED; INSURER LETTER:	CANCELLAT					
Carmelite Monastery Box 178			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION					
Anywhere, USA 98765			DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL					
	-,			IGATION OR LIABILIT	Y OF ANY KIND UPON THE INS			
	т п		AUTHORIZED REP	RESENTATIVE				
CC	RD 25-S (7/97)		Jue KIII	ludi	- 10000	В		
	<u>.</u>				© ACORD CO	RPORATION 1988		

A	CORD CERTIF	FICATE OF LIABIL	ITY INS	URANC	E	DATE (MM/DD/YY)		
	Willis Corroon Corpo One Plaza East, Suit		c ONLY AN	D CONFERS N THIS CERTIFIC	GUED AS A MATTER C IO RIGHTS UPON TH ATE DOES NOT AME AFFORDED BY THE P	HE CERTIFICATE ND. EXTEND OR		
100 East Kilbourn Avenue Milwaukee, WI 53202 3196 (414)271 9800				INSURERS AFFORDING COVERAGE				
SURI	Day Care, Inc.		INSURER B: TO	INSURER B: Travelers Indemnity Company (The) INSURER C: Northfield Insurance Company				
01/	ERAGES		INSURER E:	SMINI 19/14	USB ALTER IDEA IN	hrit		
THE ANY MAY POL	POLICIES OF INSURANCE LISTED PREQUIREMENT, TERM OR CONE PERTAIN, THE INSURANCE AFFO	BELOW HAVE BEEN ISSUED TO THE IN DITION OF ANY CONTRACT OR OTHER DRDED BY THE POLICIES DESCRIBED H IN MAY HAVE BEEN REDUCED BY PAID	DOCUMENT WITH	A RESPECT TO W	HICH THIS CERTIFICATE I	MAY BE ISSUED OF		
R	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMIT	'S		
	X COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR	MLG5264304	02/09/95	02/09/96	EACH OCCURRENCE FIRE DAMAGE (Any one fire) MED EXP (Any one person)	\$ 1,000,000 \$ 50,000 \$ 5,000		
(BEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- LOC				PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ 1,000,000 \$ 3,000,000 \$ 3,000,000		
	AUTOMOBILE LIABILITY X ANY AUTO		02/09/95	02/09/96	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000		
	ALL OWNED AUTOS SCHEDULED AUTOS	1810721J5170IND95			BODILY INJURY (Per person)	\$		
	X HIRED AUTOS X NON-OWNED AUTOS				BODILY INJURY (Per accident)	s		
					PROPERTY DAMAGE (Per accident)	\$		
0	ANY AUTO				AUTO ONLY - EA ACCIDENT OTHER THAN EA ACC AUTO ONLY:	\$ \$		
	X OCCUR CLAIMS MADE DEDUCTIBLE RETENTION \$	UL004446	02/09/95	02/09/96	EACH OCCURRENCE AGGREGATE	\$ 1,000,000 \$ 1,000,000 \$ s		
	VORKERS COMPENSATION AND MPLOYERS' LIABILITY				WC STATU- TORY LIMITS ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$ \$		
C	THER	EXHIBIT "C"			E.E. DISEASE - FOELOT LIMIT	3		
EERT	Certificate Holder: Certificate Holder out of Operations/P	ICLES/EXCLUSIONS ADDED BY ENDORSEMENT Cermelite Monastery is named Additional Instruments Owned by or Ren TIONAL INSURED; INSURER LETTER:	CANCELLAT SHOULD ANY OF DATE THEREOF,	ONLY with r Care, Inc. ON THE ABOVE DESCRIE THE ISSUING INSUR	BED POLICIES BE CANCELLED B ER WILL ENDEAVOR TO MAIL	EFORE THE EXPIRATION 10 DAYS WRITTEN		
Anywhere, USA 98765			NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE					