

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

PRODUCER <div style="border: 1px solid black; padding: 10px; text-align: center; font-size: 1.2em; font-weight: bold;">INSURANCE BROKER / AGENT</div> Phone No. _____ Fax No. _____	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHT UPON THE CERTIFICATE HOLDER, THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. COMPANIES AFFORDING COVERAGE COMPANY A COMPANY B COMPANY C COMPANY D
INSURED <div style="border: 1px solid black; padding: 10px; text-align: center; font-size: 1.2em; font-weight: bold;">INSURED</div>	

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY	123456789	MM/DD/YY	MM/DD/YY	GENERAL AGGREGATE	\$1,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS – COMP/OP AGG	\$1,000,000	
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY	\$1,000,000	
	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE	\$1,000,000	
	_____				FIRE DAMAGE (Any one fire)	\$ 50,000	
	[WHEN REQUIRED]				MED EXP (Any one person)	\$ 5,000	
A	AUTOMOBILE LIABILITY	123456789	MM/DD/YY	MM/DD/YY	COMBINED SINGLE LIMIT	\$5,000,000	
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$	
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE	\$	
	<input type="checkbox"/> HIRED AUTOS						
	<input type="checkbox"/> NON-OWNED AUTOS						

	[WHEN REQUIRED]						
	GARAGE LIABILITY				AUTO ONLY – EA ACCIDENT	\$	
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:	\$	
	_____				EACH ACCIDENT	\$	
	[WHEN REQUIRED]				AGGREGATE	\$	
	EXCESS LIABILITY				EACH OCCURRENCE	\$	
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE	\$	
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					\$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	123456789	MM/DD/YY	MM/DD/YY	MM/DD/YY	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	\$1,000,000
						<input type="checkbox"/> EL EACH ACCIDENT	MM/DD/YY
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE	<input type="checkbox"/> INCL				EL DISEASE – POLICY LIMIT	
		<input type="checkbox"/> EXCL				EL DISEASE – EA EMPLOYEE	
A	OTHER	123456789	MM/DD/YY	MM/DD/YY	MM/DD/YY		
						<input checked="" type="checkbox"/> SEXUAL ABUSE/MOLESTATION	EACH OCCURRENCE
	[WHEN REQUIRED]						

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
RE: Operations of the Insured on premises of the certificate holder. Certificate holder and any church, school of other entity insured under the insurance program of the Archdiocese of Portland in Oregon are included as an additional insured per form CG 00 00 00 00 attached. This insurance is Primary and Noncontributory per form CG 00 00 00 00 attached.

CERTIFICATE HOLDER	CANCELLATION
ARCH001 Archdiocese of Portland in Oregon 2838 E. Burnside Street Portland, OR 97214-1895	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE _____

ADDITIONAL INSURED ENDORSEMENT FORM

POLICY NUMBER: **1234567890**

COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

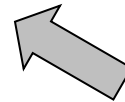
This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

Name of Person or Organization:

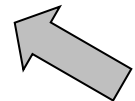
Archdiocese of Portland in Oregon and any church, school or entity (including their officers, employees, and volunteers) insured under the insurance program of the Archdiocese of Portland in Oregon.



(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement).

WHO IS INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule as an insured but only with respect to liability arising out of your operations or premises owned by or rented to you.

This insurance is primary and not contributing with any insurance or self-insurance of the Archdiocese of Portland in Oregon.



SAMPLE

CG 00 00 00 00

SAMPLE OF INSURANCE ENDORSEMENT FORM

