THE ARCHDIOCESE OF MIAMI
CHECKLIST

Event Type:

Agreement Date: _____

Parish/School Name: _____

Event Dates: From: To:

Carnival/Event operator: _____

*(The name must match exactly with the name on the **Agreement** and **Insurance Certificate**).*

DOCUMENTS CHECKLIST:

Insurance Information: ☐

Insurance Expiration Date: _____

Commercial Liability General Aggregated Limit [**Min. $3,000 000.00**] ☐

Automobile Liability [Min. $ 1,000,000.00] Amount: $_____ ☐ ☐ N/A

Umbrella Liability: Amount: $_____ ☐ ☐ N/A

Workers Compensation [Min. $500 000.00] ! Y 2dzyúY Þ _____ ☐

Including the following information:
Name of the Event: St NAME Catholic Parish Carnival
Event Dates: MM/DD/YY to MM/DD/YY (includes set up and tear down)

THE SECTIONS BELOW must match with this description:

DESCRIPTION OF OPERATIONS:
For St NAME Catholic Church / St NAME School
The Archdiocese of Miami, Inc. and Archbishop Thomas Wenski and his Successor in office are named as additional insured as to the General. Liability as per form CG2010 & CG2037. Insurance is primary and Non-Contributory to the insurance of the additional insured as per corresponding ISO form.

CERTIFICATE HOLDER:
Archdiocese of Miami, Inc., and Archbishop Thomas Wenski
9401 Biscayne Blvd. Miami, FL 33138

Agreement Signatures:
ADOM ☐
Pastor/Administrator ☐ Event Operator ☐
Witnessed ☐

Prepared by: Signature Date:

For B&P Offices use only:

Sent to the Parish/School: _____

Email ☐ Regular Mail ☐ Other ☐ Pick-up _____