



THE ARCHDIOCESE OF MIAMI CHECKLIST

Event Type:

Contract Date:

Parish/School:

Date of Event:

From:

To:

Carnaval Operator:

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

DOCUMENTS RECEIVED:

Insurance Information:

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Insurance Expiration Date:

Commercial Liability [Min. \$1 000 000.00] - General Aggregated Limit [Min. \$3 000 000.00]

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Automobile Liability [Min. \$ 1,000,000.00.]:

Amount: \$ _____

☐

N/A

Umbrella Liability:

Amount: \$ _____

☐

N/A

Workers Compensation Liability [Min. \$500 000.00.]:

☐

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:

St **NAME** Catholic Church; 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.

Name of the Event: St **NAME** Catholic Parish Carnival

Event Dates: **MM/DD/YY to MM/DD/YY** (includes set up and tear down)

CERTIFICATE HOLDER:

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

Permit(s) Application

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[May be submitted after contract execution]

Contract Signed by Parish/School

☐

Carnival Operator

☐

Witnessed

☐

Approval Date

Sent to the Parish/School on:

Via: Email

☐

Regular

☐

Other

☐

Additional Notes:

Pending receiving the permit issued by the **City of**