



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
MM/DD/YY

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 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		CONTACT NAME: PHONE (A/C. No. Ext): E-MAIL ADDRESS:	
Local Agent, LTD 1234 Local Drive Anytown, FL 33308		FAX (A/C. No.): INSURER(S) AFFORDING COVERAGE NAIC #	
INSURED		INSURER A : Liability Ins. Co. (A.M. BEST Rating at Least A+VIII)	
XYZ Company 123 Industrial Drive Othertown, FL 33308		INSURER B : Auto Liability Ins. Co. (A.M. BEST Rating at least A+VIII)	
		INSURER C : Umbrella Liability Ins. Co. (A.M. BEST Rating at least A+VIII)	
		INSURER D : Worker's Comp. Ins. Co. (A.M. BEST Rating at least A+VIII)	
		INSURER E :	
		INSURER F :	

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								
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC OTHER:	X	X	ABC123	MM/DD/YY	MM/DD/YY	EACH OCCURRENCE	\$1,000,000							
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000							
							MED EXP (Any one person)	\$0							
							PERSONAL & ADV INJURY	\$1,000,000							
							GENERAL AGGREGATE	\$2,000,000							
							PRODUCTS - COMP/OP AGG	\$2,000,000							
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	X	X	ABC123	MM/DD/YY	MM/DD/YY	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000							
							BODILY INJURY (Per person)								
							BODILY INJURY (Per accident)								
							PROPERTY DAMAGE (Per accident)								
							PIP	\$10,000							
							C	UMBRELLA LIAB EXCESS LIAB DED <input type="checkbox"/> RETENTION \$	X		ABC123	MM/DD/YY	MM/DD/YY	EACH OCCURRENCE	\$5,000,000
AGGREGATE	\$5,000,000														
D	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 N / A	X	ABC 123	MM/DD/YY	MM/DD/YY								X PER STATUTE	OTH- ER
														E.L. EACH ACCIDENT	\$1,000,000
														E.L. DISEASE - EA EMPLOYEE	\$1,000,000
														E.L. DISEASE - POLICY LIMIT	\$1,000,000

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

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

CANCELLATION

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

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
signature