Archdiocese of Miami Requirements: Constructions Projects Under \$500,000														
ACORD [®] CERTIFICATE OF LIA						BILITY INSURANCE				DATE (MM/DD/YYYY) MM/DD/YY		YYY)		
	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.													
t	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).													
_		al Agent, LTD 4 Local Drive	0		<u>In(c)</u>	•	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL							
		town, FL 33308	3				ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC #					C #		
INS	INSURED XYZ Company							INSURER A : Liability Ins. Co. (A.M. BEST Rating at Least A+VIII) INSURER B Auto Liability Ins. Co. (A.M. BEST Rating at least A+ VIII) INSURER C :Worker's Comp. Ins. Co. (A.M. BEST Rating at least A+VIII)						
	123 Industrial Drive Othertown, FL 33308							INSURER D : INSURER D :						
			055				INSURE	RF:						
	COVERAGESCERTIFICATE 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.													
INSF LTR	ני די	PE OF INSURANCE			SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIN	ITS			
A	X COMMER	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR				ABC123	MM/[MM/DD/YY	MM/DD/YY	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$0 PERSONAL & ADV INJURY \$1,000,000				
	X POLICY OTHER:	DTHER:								GENERAL AGGREGATE PRODUCTS - COMP/OP AGO		,000		
В	AUTOMOBILE LIABILITY X ANY AUTO ALLOWNED SCHEDULED AUTOS AUTOS X HIRED AUTOS X HIRED AUTOS					ABC123		MM/DD/YY	MM/DD/YY	BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)				
		IAB CL RETENTION \$	CCUR AIMS-MADE							EACH OCCURRENCE AGGREGATE				
с	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					ABC 123	MM/DDYY	MM/DD/YY	X PER STATUTE OTH- E.L. E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000					
										Per Occurrence Aggregate				
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.						
Miami, FL 33138								AUTHORIZED REPRESENTATIVE signature						

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Archdiocese of Miami Requirements: Constructions Projects Over \$500,000															
ACORD [®] CERTIFICATE OF LIA						BILITY INSURANCE				DATE (MM/DD/YYYY) MM/DD/YY					
C B	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.														
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PRODUCER Local Agent, LTD 1234 Local Drive Anytown, FL 33308								CONTACT NAME: FAX PHONE FAX (A/C, No, Ext): (A/C, No): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC #							
INSURED XYZ Company								INSURER A : Liability Ins. Co. (A.M. BEST Rating at Least INSURER B Auto Liability Ins. Co. (A.M. BEST Rating at least				4+ VIII)			
	123 Industrial Drive Othertown, FL 33308						·	INSURER C : Umbrella Liability Ins. Co.(A.M. BEST Rating at least A+ INSURER D : Worker's Comp. Ins. Co. (A.M. BEST Rating at least A + INSURER E :							
								INSURER F :							
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INSR LTR		T	PE OF INS	URANCE		SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	-			
A	X		CLAIMS-MADE X OCCUR				ABC123		MM/DD/YY	MM/DD/YY	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$0				
	GEN'L AGGREGATE LIMIT AF X POLICY PRO- JECT			APPLIES PER:	-						PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$2,000	\$1,000,000 2,000,000 2,000,000		
в	X ANY AUTO				ABC123			MM/DD/YY	MM/DD/YY	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident)					
	X HIRED AUTOS X AUTOS			 	100/00					PROPERTY DAMAGE (Per accident) EACH OCCURRENCE \$2,000,000					
С	UMBRELLA LIAB OCCUR X EXCESS LIAB CLAIMS-MADE DED RETENTION \$					ABC123		MM/DD/YY		AGGREGATE	0,000				
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A		ABC 123		MM/DDYY	MM/DD/YY	X PER OTH- E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYE E.L. DISEASE - POLICY LIMIT	EACH ACCIDENT \$500,000 DISEASE - EA EMPLOYEE \$500,000				
											Per Occurrence Aggregate				
DES	CRIPT	ION OF OP	ERATIONS	/ LOCATIONS / VEHIC	LES (ACORD	D 101, Additional Remarks Schedul	le, may b	e attached if mor	re space is requir	ed)				
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