

## CERTIFICATE OF LIABILITY INSURANCE INSTRUCTIONS

The images below should reflect the certificate of liability insurance you obtain from the contracting party. Please ensure that the fields marked in **red** are correctly completed.

<b>ACORD®</b>		<b>CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YYYY)	
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.					
<b>IMPORTANT:</b> If the certificate holder is an <b>ADDITIONAL INSURED</b> , the policy(ies) must be endorsed. If <b>SUBROGATION IS WAIVED</b> , 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: INSURER(S) AFFORDING COVERAGE NAIC #				
INSURED	INSURER A : INSURER B : INSURER C : INSURER D : 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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)
	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> PRO <input type="checkbox"/> LOC				LIMITS EACH OCCURRENCE \$ 1,000,000.00 DANF/SLT TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000.00 PRODUCTS - COM/PROP AGG \$

### ENSURE DESCRIPTION OF OPERATIONS LISTS BOTH PARISH/SCHOOL AND BISHOP OF CHARLESTON, A CORPORATION SOLE AS ADDITIONAL INSUREDS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES <small>(Attach ACORD 101, Additional Remarks Schedule, if more space is required)</small> 1. XYZ Parish/School and the Bishop of Charleston, a corporation sole, are named as additional insureds with respect to this policy.
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### ENSURE CERTIFICATE HOLDER LISTS BOTH PARISH/SCHOOL AND BISHOP OF CHARLESTON, A CORPORATION SOLE

<b>CERTIFICATE HOLDER</b> [INSERT NAME OF PARISH/SCHOOL] Bishop of Charleston, a corporation sole [INSERT ADDRESS OF PARISH/SCHOOL]	<b>CANCELLATION</b> 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
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ACORD 25 (2010/05)

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**Please direct all questions to:**

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