



**CATHOLIC
MUTUAL GROUP**
Commitment. Expertise. Stability.

Date: November 21st, 2024
To: Pastors, Principals, Business Managers, Chancery Employees
From: Jordan Harper, Claims/Risk Manager
Re: **UPDATE:** Requesting Certificates of Insurance from Third Parties – 2024

To clarify what Certificates of Insurance should look like from third parties, attached please find an updated COI Example to reference when requesting Certificates of Insurance from outside entities such as a contractor, service provider, etc.

You are welcome to provide this COI Example to the entity you are requesting a COI from so they can issue the COI to your Parish/School/Agency correctly.

Please note that your “additional insured” status under an outside entity’s insurance policy does not apply unless there is a written agreement/contract in place that specifically states the outside entity is required to name your Parish/School/Agency as an additional insured under their insurance policy.

If you need a written agreement/contract for your specific situation, please reach out to our office for assistance.

If you have any questions, please contact me.

Sincerely,

Jordan Harper | Claims/Risk Manager

Catholic Mutual Group | 2401 Lake Park Drive SE, Smyrna, GA 30080

W | (404) 920-7377

C | (504) 491-3126

F | (402) 551-2943

jharper@catholicmutual.org



CERTIFICATE OF LIABILITY INSURANCE

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.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or 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 ABC Insurance Agency 123 ABC Rd. Smyrna, GA 30080	CONTACT NAME: John Doe PHONE (A/C No. Ext.): xxx-xxx-xxxx E-MAIL ADDRESS: 12345@abcinsurance.com FAX (A/C No.):													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Insurance Company A</td> <td></td> </tr> <tr> <td>INSURER B: Insurance Company B</td> <td></td> </tr> <tr> <td>INSURER C: Insurance Company C</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Insurance Company A		INSURER B: Insurance Company B		INSURER C: Insurance Company C		INSURER D:		INSURER E:		INSURER F:
INSURER(S) AFFORDING COVERAGE	NAIC #													
INSURER A: Insurance Company A														
INSURER B: Insurance Company B														
INSURER C: Insurance Company C														
INSURER D:														
INSURER E:														
INSURER F:														
INSURED ABC Construction, LLC 456 Construction Lane. Smyrna, GA 30080														

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/> Y		12345678	1/1/2024	1/1/2025	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						MED EXP (Any one person) \$ 5,000
	OTHER:						PERSONAL & ADV INJURY \$ 1,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY			910111213	1/1/2024	1/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> OTHER:						PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			1415161718	1/1/2024	1/1/2025	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 1,000,000
	DED <input type="checkbox"/> RETENTION \$0						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC19202122			<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	N/A				E.L. EACH ACCIDENT \$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

OK to be left blank only if Additional Insured wording is listed in the Description of Operations box below. If Additional Insured wording is not listed in the Description of Operations box, this must have a "Y" or an "X".

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

Example Wording: "INSERT NAME OF PARISH/SCHOOL/AGENCY" and Archbishop Gregory J. Hartmayer, Archbishop of Atlanta, as Trustee of the AoA Parish Real Estate Trust, dated January 4, 2013, and His Appointed Successors and/or Administrators are named as an additional insured in regards to General Liability.

If they say they cant fill all wording in Certificate Holder box, they may list it in the Description of Operations box.

CERTIFICATE HOLDER "Insert Name of PARISH/SCHOOL/AGENCY" Archbishop Gregory J. Hartmayer, Archbishop of the Archdiocese of Atlanta, as Trustee of the AoA Parish Real Estate Trust, dated January 4, 2013, and His Appointed Successors and/or Administrators 2401 Lake Park Dr. SE Smyrna, GA 30080-8862	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. <i>Name PARISH/SCHOOL/AGENCY to protect Parish/School/Agency Entity</i> AUTHORIZED REPRESENTATIVE <i>Name Archbishop & AoA Parish Real Estate to protect Poperty</i>
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The address should be the address of the Parish/School/ Agency who is requesting the COI.