

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) Month/Date/Year

INSURED       INSURER A.       Name of Insurance Company       Enter         Vendor Street Address or P.O. Box       Insurance Company (if applicable)       Enter         Vendor City, State & Zip Code       Insurance Company (if applicable)       Enter         INSURER D:       Name of Insurance Company (if applicable)       Enter         Vendor City, State & Zip Code       Name of Insurance Company (if applicable)       Enter         INSURER D:       Name of Insurance Company (if applicable)       Enter         INSURER D:       Name of Insurance Company (if applicable)       Enter         Inter Policies OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURER NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITH ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUE PERTAIN, THE INSURANCE AFFORDED BY THE POLICYED DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF S POLICY EFFECTIVE       POLICY EFFECTIVE POLICY EFFECTIVE INSURANCE INSURANCE       POLICY NUMBER       POLICY EFFECTIVE DATE (MMDDYY)       POLICY EFFECTIVE DATE (MMDDY)       POLICY EFFECTIVE DATE (MMDDY)       Ent	ED OR MAY SUCH 0000 000 000 000
Vendor Name       Name of Insurance Company (if applicable)       Enter         Vendor Street Address or P.O. Box       Name of Insurance Company (if applicable)       Enter         Vendor Street Address or P.O. Box       Name of Insurance Company (if applicable)       Enter         Vendor City, State & Zip Code       Name of Insurance Company (if applicable)       Enter         Vendor City, State & Zip Code       Name of Insurance Company (if applicable)       Enter         Vendor Street Address or P.O. Box       Name of Insurance Company (if applicable)       Enter         Vendor Street Address or P.O. Box       Name of Insurance Company (if applicable)       Enter         Vendor Street Address or P.O. Box       Name of Insurance Company (if applicable)       Enter         Vendor Street Address or P.O. Box       Name of Insurance Company (if applicable)       Enter         THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUE       POLICY PERIOD AND CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED         POLICIES AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS       POLICY EXPIRATION       Name of Insurance Company (If applicable)       Enter         NSR MADOR       TYPE OF INSURANCE       POLICY NUMBER       POLICY EXPIRATION       Date (MMDDAYY)       EACH OCCURENCE       \$	tter NAIC# tter NAIC# tter NAIC# tter NAIC# THSTANDING ED OR MAY SUCH 000 000
Vendor Street Address or P.O. Box       INSURER C:       Name of Insurance Company (if applicable)       Enter         Vendor City, State & Zip Code       INSURER D:       Name of Insurance Company (if applicable)       Enter         COVERAGES       THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITH ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUE PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF S POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.         NISK ADON LITR INSK       TYPE OF INSURANCE       POLICY NUMBER       POLICY EFFECTIVE DATE (MMDDYY)       LIMITS         A MORE GENERAL LIABILITY       Enter Policy #       Enter Effective Date (MMDDYY)       Date (MMDDYY)       LIMITS         GENERAL LIABILITY       Enter Policy #       Enter Effective Date (MMDDYY)       Date (MMDDYY)       LIMITS         GENERAL LIABILITY       Enter Policy #       Enter Effective Date       Enter Expiration       Each Occurence       \$1000,00         GENERAL LIABILITY       Enter Policy #       Enter Effective Date       Date (MMDDYY)       LIMITS       S000,00         MED EXP (Any one person)       \$N/A       Enter Policy #       Enter Effective Date       Enter Expiration Date       BODILY INJURY       \$1,000,0	tter NAIC# tter NAIC# THSTANDING ED OR MAY SUCH
Vendor City, State & Zip Code       Insurance Company (if applicable)       Enter         INSURER D:       Name of Insurance Company (if applicable)       Enter         INSURER D:       Name of Insurance Company (if applicable)       Enter         INSURER D:       Name of Insurance Company (if applicable)       Enter         INSURER D:       Name of Insurance Company (if applicable)       Enter         INSURER D:       Name of Insurance Company (if applicable)       Enter         Insurance Company Requirement, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUE       POLICY EXPERATION       NOTHER MAY BE ISSUED COM ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF S         POLICYES, AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.       POLICY EXPERATION       LIMITS         NSR       MOOR       POLICY NUMBER       POLICY EXPERATION       LIMITS         A       GENERAL LIABILITY       Enter Policy #       Enter Effective       PolicY Experiminion       Date       DATE (MMIDDYY)         GENERAL LIABILITY       Enter Policy #       Enter Policy #       Enter Effective       Date       DATE (MMIDDYY)       DATE (MMIDDYY)         A       GENERAL LIABILITY       Enter Policy #       Enter Policy #       Enter Effective       Date       DATE (MMIDDYY)       SUDUCY - COMPIOP AGG       \$1,000,0 <td>Iter NAIC# Iter NAIC# THSTANDING ED OR MAY SUCH 0000 000</td>	Iter NAIC# Iter NAIC# THSTANDING ED OR MAY SUCH 0000 000
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A       X       COMMERICAL GENERAL LIABILITY       Enter Policy #       Enter Policy #       Enter Effective Date       Enter Expiration Date       DAMAGE TO RENTED PREMISES (Ea occurrence)       \$100,000         GEN'L AGGREGATE LIMIT APPLIES PER:       GEN'L AGGREGATE LIMIT APPLIES PER:       PROJECT       Loc       S         A       A       AUTOMOBILE LIABILITY       Enter Policy #       Enter Policy #       Enter Effective Date       Enter Expiration Date       COMBINED SINGLE LIMIT (Each Occurrence)       \$1,000,0         A       A       AUTOMOBILE LIABILITY       Enter Policy #       Enter Policy #       Enter Effective Date       Enter Expiration Date       COMBINED SINGLE LIMIT (Each Occurrence)       \$1,000,0         A       A       AUTOMOBILE LIABILITY       Enter Policy #       Enter Effective Date       Enter Expiration Date       COMBINED SINGLE LIMIT (Each Occurrence)       \$1,000,0         BODILY INJURY       S       Enter Date       BODILY INJURY       \$1,000,0	000
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	8
NON-OWNED AUTOS	
PROPERTY DAMAGE (Per accident) \$	
A X EXCESS/UMBRELLA LIABILITY Enter Policy # (if Enter Effective Enter Expiration EACH OCCURRENCE SEnter L	Limit
A CLAIMS MADE required) Date Date AGGREGATE SEnter L	Limit
5	
DEDUCTIBLE	
RETENTION <u>\$Enter Amount</u>	
A WORKERS COMPENSATION AND Enter Policy # Enter Effective Enter Expiration WC STATU-	
ANY PROPRIETOR/PARTNER/EXECU- Date Date E.L. EACH ACCIDENT \$500,000	. 00
TIVE OFFICER/MEMBER EXCLUDED?	00
SPECIAL PROVISIONS below E.L. DISEASE - POLICY LIMIT \$500,000	
OTHER OTHER	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS	
The Most Rev. Michael F. Burbidge, Bishop of the Catholic Diocese of Arlington, Virginia, and his successors in office arc	
additional insureds for those operations of the Named Insured under contract with a diocesan location.	
CERTIFICATE HOLDER CANCELLATION	
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE T	THE
The Catholic Diocese of Arlington EXPIRATION DATE THEREOF. THE INSURER AFFORDING COVERAGE WILL END	
Attn: Office of Risk Management Dept. 200 N. Glebe Road, Suite 630 MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE	HE LEFT, BUT
Arlington, VA 22203 FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KING INSURER, ITS AGENTS OR REPRESENTATIVES.	VD UPON THE
Facsimile Number: (703) 778-9118 AUTHORIZED REPRESENTATIVE	
CORD 25 (2001/08) © ACORD CORPORA	

## IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

## DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contact between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.