



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.):
	INSURER(S) AFFORDING COVERAGE
INSURED ABC Construction, LLC 456 Construction Lane. Smyrna, GA 30080	INSURER A: Insurance Company A
	INSURER B: Insurance Company B
	INSURER C: Insurance Company C
	INSURER D: Insurance Company 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 INSD	RUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12345678	1/1/2024	1/1/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			910111213	1/1/2024	1/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ ()			1415161718	1/1/2024	1/1/2025	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input checked="" type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input checked="" type="checkbox"/>	N/A	WC19202122	1/1/2024	1/1/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> 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 Company's you are requesting COIs from can't specifically list the PARISH/SCHOOL as an Additional Insured in this box any longer due to BULLETIN 23-EX-9 from the Office of Commissioner of Insurance and Safety Fire. They can only add policy endorsements in this box.

For Example:
 -CG 20 10 12 19 ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - SCHEDULED PERSON OR ORGANIZATION
 -CG 20 33 04 13 ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - AUTOMATIC STATUS WHEN REQUIRED BY WRITTEN CONSTRUCTION CONTRACT WITH YOU

CERTIFICATE HOLDER *Insert Name of PARISH/SCHOOL* 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. Name PARISH/SCHOOL to protect Parish/School Entity AUTHORIZED REPRESENTATIVE Name Archbishop & AoA Parish Real Estate to protect Property
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ADDITIONAL INSURED

Insurers are no longer allowed to specifically list your Parish/School as an additional insured in the DESCRIPTION OF OPERATIONS section of the COI. They can only list applicable policy endorsements to show that they have the appropriate coverage on their policy.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
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- Additional Insured-Owners, Lessees, or Contractors – Scheduled Person or Organization
 - This policy endorsements means the outside entity must specifically endorse you on to their policy for you to obtain additional insured status. You would need a copy of the policy endorsement to verify your Additional Insured status.
- Blanket Additional Insured When Required by Written Contract, Written Agreement
 - When this endorsement is listed on the COI, your Additional Insured status does not trigger unless there is a written contract/agreement in place requiring that they name you as an Additional Insured. No contract/agreement means to Additional Insured status.

To verify that the entity carries the Additional Insured coverage on their policy, the ADDL INSD must be marked "Y".

INSR LTR	TYPE OF INSURANCE		ADDL INSD	SUBR YMD	POLICY NUMBER
A	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY	Y	Y	12345678
	<input type="checkbox"/>	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			
	GENL AGGREGATE LIMIT APPLIES PER:				
	<input type="checkbox"/>	POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			
	OTHER:				

ADDL INSD SHOULD HAVE "Y"

CERTIFICATE HOLDER

The CERTIFICATE HOLDER section of the COI should list the following:

- Name of Parish/School
- 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.

Naming the Parish/School protects the legal entity that is the Parish/School from liability.

Naming the Archbishop and AoA Parish Real Estate Trust protects the Property owner from liability.

CERTIFICATE HOLDER

"Insert Name of PARISH/SCHOOL"
 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