Requesting Certificates of Insurance

Council and Conferences are occasionally requested to provide vendors or organizations with a Certificate of Insurance. The purpose of the Certificate of Insurance is to provide proof of in force insurance directly from the company writing the policies, specifically for SVdP, Selective Insurance Company.

All conferences using Indianapolis Archdioceses properties are covered on the included certificate below. You may reference this certificate to familiarize yourself with the information included on the form.

The procedure to request a certificate of insurance is very easy.

Send an email to Bernie Weitekamp at bweitekamp@comcast.net

In the email include:

- The name of the business or organization requesting the certificate.
- The mailing address where the certificate is to be mailed.
- The name of the requesting person for mailing “to the attention of”.
- A brief statement of the purpose the business or organization is requesting the certificate.
- Certificate of insurance can be emailed (rather than mailed) if an email address is provided. However, names and address information requested above must be provided whether mailed or emailed.

Please direct any question on requesting certificates to Bernie at the above email address.
CERTIFICATE OF LIABILITY INSURANCE

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
Jackson Agency Inc. (L) DBA
Jackson-McCormick Insurance
3613 South 18 St Ste E
Lafayette, IN 47909
Todd Jackson, CIC, CWCA
765-471-0660

CONTACT NAME
Todd Jackson, CIC/Holly A See
765-471-0660

PHONE
FAX
765-471-0661

E-MAIL ADDRESS
holly@jacksonmccormick.com

INSURER(S) AFFORDING COVERAGE
NAIC #
A: Selective Insurance Company
12572
B: Accident Fund ICOA
10166
C: Philadelphia insurance

INSURED
Society of St. Vincent de Paul
Archdiocesan Council of
Indianapolis
3001 East 30th St
Indianapolis, IN 46218

COVERAGES
CERTIFICATE 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.

COVERAGE 1
COMMERICAL GENERAL LIABILITY

POLICY NUMBER
S 2077213

CLAIMS-MADE
X OCCUR

06/01/2019
06/01/2020

$ 1,000,000

DAMAGE TO RENTED
PREMISES (EA occurrence)

MED EXP (Any one person)

PERSONAL & ADJUR

GENERAL AGGREGATE

PRODUCTS - COMPOD AGG

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

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