Requesting Certificates of Insurance

Council and Conferences are occasionally requested to provide vendors or organizations with a <u>Certificate of Insurance</u>. 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.

OP ID: HS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/31/2019

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)

and commonts are a more common rights to une					
PRODUCER	765-471-0660	CONTACT Todd Jackson, CIC/Holly A See			
Jackson Agency Inc. (L) DBA Jackson-McCormick Insurance		PHONE (A/C, No, Ext): 765-471-0660	FAX (A/C, No): 765-47	'1-0661	
3613 South 18 St Ste E		E-MAIL ADDRESS: holly@jacksonmccormick.com			
Lafayette, IN 47909 Todd Jackson, CIC, CWCA		INSURER(S) AFFORDING COVERAGE		NAIC#	
, , , , , , , , , , , , , , , , , , , ,		INSURER A : Selective Insurance Company		12572	
INSURED Society of St. Vincent de Paul		INSURER B : Accident Fund ICOA		10166	
Archdiocesan Council of Indianapolis		INSURER C: Philadelphia Insurance			
3001 East 30th St		INSURER D:			
Indianapolis, IN 46218		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

	CLL	DSIONS AND CONDITIONS OF SUCH							
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	's
Α	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,00
		CLAIMS-MADE X OCCUR			S 2077213	06/01/2019	06/01/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,00
								MED EXP (Any one person)	\$ 20,00
								PERSONAL & ADV INJURY	1,000,00
	GEN	N'L AGGRE <u>GATE</u> LIMIT AP <u>PLIES</u> PER:						GENERAL AGGREGATE	3,000,00
		POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$ 3,000,00
		OTHER:							\$
Α	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	1,000,00
	X	ANY AUTO			S 2077213	06/01/2019	06/01/2020	BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
		HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
Α		UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$ 4,000,00
		EXCESS LIAB CLAIMS-MADE			S 2077213	06/01/2019	06/01/2020	AGGREGATE	\$ 4,000,00
		DED RETENTION \$							\$
В	WOF	RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE		N/A		WCV6145965	06/17/2019	06/17/2020	E.L. EACH ACCIDENT	\$ 500,00
	(Mar	ICER/MEMBER EXCLUDED?	11/ A					E.L. DISEASE - EA EMPLOYEE	\$ 500,00
	f yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	500,00
С	D &	. 0			PHSD1047048	06/01/2019	06/01/2020	Limit	1,000,00
								Retention	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)									

Society of St. Vincent Depaul Archdiocesan Council of Indpls 3001 East 30th St

Indianapolis, IN 46218

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

CANCELLATION

ACORD 25 (2016/03)

CERTIFICATE HOLDER

ACORD

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