

(A) Liability Insurance

ACORD **CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YYYY) 06/24/2015

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 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: Name of your insurance company
 CONTACT NAME: _____
 PHONE (incl. Tel. Ext.): _____ FAX (incl. Tel.): _____
 E-MAIL ADDRESS: _____
 INSURER(S) AFFORDING COVERAGE: Old Republic Insurance Company, NAIC # 24147

INSURED: Your Name
 INSURER B: _____
 INSURER C: _____
 INSURER D: _____
 INSURER E: _____
 INSURER F: _____

COVERAGES CERTIFICATE NUMBER: CLE-004362233-04 REVISION NUMBER: 2

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. CLASS	TYPE OF INSURANCE	ADDITIONAL INSURED	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXPIR. DATE (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> SIR \$100,000 GEN'L AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> PROTECT <input type="checkbox"/> LOC OTHER: _____		MAZZ 305253	07/01/2015	07/01/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Excl. Business) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMPROP AGG \$ INCLUDED
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS MADE DED. RETENTION \$ _____		MAV1 0306747 Auto Physical Damage - Deductible Comp/Col \$1,000	07/01/2015	07/01/2016	CORRELATED SINGLE LIMIT (See accident) \$ 1,000,000 SOCIAL INJURY (Per person) \$ _____ SOCIAL INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____ EACH OCCURRENCE \$ _____ AGGREGATE \$ _____
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	MVC30525400 (INSURED STATES)	07/01/2015	07/01/2016	<input checked="" type="checkbox"/> STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	ANY PERSONS OTHER THAN THE EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N	MANEX305251(FL)*	07/01/2015	07/01/2016	
A	DESCRIPTION OF OPERATIONS below	N/A	MANXS305252 (AL, CA, GA, MA, MI, MO, OH, PA, TN, VA)**	07/01/2015	07/01/2016	

St. John the Baptist Church and the Diocese of Winona are named as additional insured in respect to the event on (mm/dd/yyyy)

CERTIFICATE HOLDER: ST. JOHN'S THE BAPTIST CATHOLIC CHURCH, 632 SOUTH BROAD STREET, MANKATO, MN 56001

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.

AUTHORIZED REPRESENTATIVE of Marsh USA Inc.: Manashi Mukherjee

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Specify date(s) of event here and specify St. John the Baptist Church and the Diocese of Winona as "additional insured."

Before the date of your event can be confirmed, we need **liability insurance** from you. This insurance is protection for you if you are at fault for injuries occurring to any attendees of your meeting or activity. (If St. John's is at fault for any injuries, the diocese has it's own insurance coverage.)

1) Go to your insurance agent and ask for a rider on your insurance for the date of the event – a sample is provided here...

Make sure the "Additional Insured" specifies St. John the Baptist Church and the Diocese of Winona.

– Or –

2) Make out a check for \$100 to the Diocese of Winona – we will get the liability insurance for you.