

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/29/2012

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).

Insurance Agent Name and address	CONTACT NAME: PHONE A(C. No. Ext): (A/C. No): E-MAIL	
	ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
WALIPED	INSURER A :	
Environmental Professional Name and address	INSURER B:	
Environmental Projessional Name and dadress	INSURER C :	
·	INSURER D :	
	INSURER E :	
COVERAGES CERTIFICATE NUMBER: 28045292	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 SUBR INSR-144/D POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYY) LIMITS	
A GENERAL LIABILITY	12/01/1 12/01/12 EACH OCCURRENCE \$ 1,0	00,000
X COMMERCIAL GENERAL LIABILITY	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,0	00,000
CLAIMS-MADE X OCCUR	MED EXP (Any one person) \$	5,000
	PERSONAL & ADV INJURY \$ 1,0	00,000
	GENERAL AGGREGATE \$ 2,0	00,000
GEN'L AGGREGATE LIMIT APPLIES PER:	PRODUCTS - COMP/OP AGG \$ 2,0	00,000
POLICY X PRO- X LOC	3	
A AUTOMOBILE LIABILITY X ANY AUTO	12/01/1 12/01/12 COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person)	000,000
ALL OWNED SCHEDULED AUTOS	BODILY INJURY (Per accident) \$ 1,0	00,000
HIRED AUTOS NON-OWNED AUTOS	PROPERTY DAMAGE (Per accident)	
	\$	
B X UMBRELLA LIAB X OCCUR	12/01/1 12/01/12 EACH OCCURRENCE \$ 5,0	00,000
X EXCESS LIAB CLAIMS-MADE	AGGREGATE	
DED X RETENTION\$ 0	3	00,000
B WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	12/01/1 12/01/12 X WC STATU- OTH-	500,000
ANY PROPRIETOR/PARTNER/EXECUTIVE T/A		00,000
(Mandatory in NH)	E.L. DISEASE - EA EMPLOYEE \$ 5	00,000
If yes, describe under DESCRIPTION OF OPERATIONS below	E.L. DISEASE - POLICY LIMIT \$ 50	00,000
Builders Risk (for contracts in excess of \$ 500,000)	Each Occurance \$ 50	00,000
For single project coverage: The Catholic Bishop of Chicago, a Corporation Sole and (name the parish) are additional insureds OR For blanket coverage Any and all jobs contracted with: The Catholic Bishop of Chicago, a Corporation Sole and the Parish are additional insureds		
CERTIFICATE HOLDER CANCELLATION		
Catholic Bishop of Chicago,	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELI THE EXPIRATION DATE THEREOF, NOTICE WILL BE DE	

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ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

a Corporation Sole

Attn: Risk Management 835 N. Rush St.

Chicago, IL 60611

USA