



ROMAN CATHOLIC
DIOCESE OF ROCHESTER

Facility Use
Certificate of Insurance Requirements

Procedure/Checklist & Sample Certificates

Sample I

1. PRODUCER: Insured Agent / Broker who issues certificate
2. INSURED: Must be the legal name of the contracting party
3. TYPES OF INSURANCE: Must include types of insurance required
4. FORM OF COVERAGE: Must be "occurrence" for GL coverage
5. ADDITIONAL INSURED: Must acknowledge Additional Insured with a "Y" or an "X" in respective box
6. POLICY NUMBER: Must be current and specific to type
7. POLICY EFFECTIVE DATE: Must be prior to or coincidental with the first day of work or event
8. POLICY EXPIRATION DATE: Must be on or after the last day of work or event
9. LIMITS OF INSURANCE: Must be the same or greater than **specified amounts**
10. DESCRIPTION OF OPERATIONS:
 - a. Must reference (RE) the following:
 - i. Facility: Diocese of Rochester, Parish, or School
 - ii. Event type and Date(s) of event
 - b. Must read as follows, listing the following entities as **Additional Insured**:
 - i. *The Roman Catholic Diocese of Rochester and its affiliated entities and The Most Reverend Salvatore R. Matano, Bishop of the Diocese of Rochester are included at Additional Insured for the Commercial General Liability*
 - c. Must include **Primary Coverage Wording**
11. CERTIFICATE HOLDER: Must be Diocese of Rochester, (Facility: Parish or School), 1150 Buffalo Road, Rochester, NY 14624
12. AUTHORIZED REPRESENTATIVE: Must be signed by an authorized representative of Producer