



Policy on Travel Involving Minors

This packet includes the following:

Policy on Travel Involving Minors

Travel Guidelines

Travel Review Form

Checklist

Forms from Risk Management Manual

ARCHDIOCESE OF PORTLAND IN OREGON

Policy on Travel Involving Minors

The safety of those traveling on Archdiocesan trips is of paramount concern. Any parish, school or other Archdiocesan entity planning travel involving minors must comply with the following:

1. **All travel involving minors** – whether by automobile, bus, train, airplane, etc. – must be planned and implemented in accordance with the *Archdiocesan Travel Guidelines**.
2. **All overnight travel involving minors** must be reviewed and cleared through the appropriate Pastoral Center Department (e.g., the Department of Youth/Young Adult Ministry for parish youth trips; the Department of Catholic Schools for school sponsored trips; the Risk Management Office for mixed adult/youth trips; etc.). This will ensure that the Pastor or Principal is aware of the trip, and that the trip does not pose undue risk. The *Travel Review Form* should be completed and returned to the Pastoral Center Office.
3. The appropriate Pastoral Center Office will serve as resource to those planning trips involving minors.
4. Principals, teachers, youth ministers, volunteers, or others planning trips should direct questions concerning the guidelines and their implementation to the appropriate Pastoral Center Office. If need be, person(s) from that office will consult the Risk Manager.
5. If the Risk Management Office can obtain special travel insurance covering the particular trip planned, the parish or school planning the trip may be asked to purchase this insurance.
6. If any claim or legal expense is incurred as a result of a school's or parish's failure to follow the *Archdiocesan Travel Guidelines* or other Archdiocesan policy, that school or parish will share the financial responsibility.

The above policy has been established to ensure consistency in the types of youth travel activities sponsored by the Archdiocese, the ground rules for their sponsorship, and attention to safety concerns. More important, this policy is intended to foster ownership of all aspects of a youth activity, and place responsibility for planning and accountability for consequences on the appropriate parties.

*The *Archdiocesan Travel Guidelines* and related forms are enclosed with this policy statement and will be included in the revised edition of *Risk Management Manual*.

Archdiocese of Portland in Oregon

Policy on Travel Involving Minors

TRAVEL GUIDELINES

I. Approval and Review Process

- A. Before any arrangements are made the Pastor or Principal must approve the plans for travel involving minors.
- B. The Pastor or Principal must approve any changes in the travel plans.
- C. If the trip involves *overnight* travel with minors, a *Travel Review Form* must be completed and submitted to the appropriate Pastoral Center Office for review (e.g., Department of Catholic Schools, Department of Youth/Young Adult Ministry, Religious Education, Risk Management).

II. Contracts or Other Documents Related to Travel Arrangements

- A. The Pastor or Principal should sign contracts or other agreements related to travel arrangements.
- B. No person at a parish or school is authorized to sign a contract or other agreement that includes a provision whereby the Archdiocese, parish or school agrees to indemnify (pay the damages and expenses of) another person or entity. Any contract or other agreement, which contains an indemnification provision, must be referred to the Risk Management Office before the document is signed.
- C. If there is a contract for transportation (e.g., with a bus company) Archdiocesan insurance requirements must be met. (*Risk Management Manual*, pages D-8).
- D. If a vehicle is rented that will be driven by an employee or volunteer, insurance must be purchased from the rental agency.

III. Safety and Supervision of Minors

- A. The following must be provided prior to travel on Archdiocesan forms (*Risk Management Manual*, pages C-4/C-4A & C-5/C-5A):
 - 1. Parent/Legal Guardian Event Permission Slip for Student/Youth.
 - 2. Student/Youth Emergency Information and Procedure Form.
- B. Chaperones must be at least 21 years of age.
- C. The ratio of chaperones to minors and level of supervision appropriate should be determined based on the age of those traveling and the activities involved. Special circumstances (such as chaperones for coed overnight trips) should be considered.
- D. Chaperones should be known by the Pastor/Principal and considered suitable for travel with minors.
- E. A criminal background check is required for each chaperone and must be completed prior to accepting the individual as a chaperone. Forms can be obtained from the Human Resources Department at the Pastoral Center.

IV. Transportation

- A. All drivers must be at least 21 years of age and complete a *Driver Information Sheet (Risk Management Manual, pages C-12)*. When a chaperone is driving his/her own vehicle the vehicle must be insured. Any vehicle used for transporting minors must have seat belts for each passenger.
- B. A DMV records check is required for each chaperone who will be driving. Forms can be obtained from the Human Resources Department at the Pastoral Center.
- C. Oregon law requires children between the ages of 4 and 6 years or weighing 40 to 60 lbs. to be properly secured in a booster seat when traveling in a vehicle (including a bus) that has a lap or shoulder safety belt. A parish or school should not transport any child under the age of seven or weighing less than 60 lbs. in such a vehicle unless it has established a means of ensuring compliance with this law. Because of the challenges this law poses for a parish or school, using another mode of transportation may be the best way to handle the situation.
- D. An itinerary with detailed information outlining travel plans must be available to parents (e.g., departure date and time, transportation arrangements, daily activities and location of the event). An emergency contact telephone number should be included.

V. International Travel

- A. No parish, school or other Archdiocesan group may travel to any country for which the U.S. Department of State, Bureau of Consular Affairs has issued a travel warning. Currently travel warnings are listed on the Department of State website: www.travel.state.gov. This website contains a great deal of helpful information on international travel.
- B. Parents should be requested to consult their physician on whether any immunizations are advisable for their child.
- C. Careful selection and screening is essential to ensure that each chaperone has the necessary skills and experience for an international trip.
- D. Orientation should be provided and include the following:
 - Cultural and safety issues
 - Duties of chaperones
 - Crisis management planning
 - Travel plans and procedures
 - Codes of behavior
 - First aid procedures
- E. Funds should be available (e.g., traveler's checks or credit card) for medical or other emergencies.
- F. Special travel insurance may be required. The church or school may be asked to purchase special travel insurance when it is available. Check with the Risk Management Office on this.
- G. When English is not the language of the country to which you will be traveling, it will be necessary to have an adequate number of chaperones who speak the native language.

If any claim or legal expense is incurred as a result of a school's or parish's failure to follow these Archdiocesan *Travel Guidelines* or other Archdiocesan policy, the school or parish will share the financial responsibility.

For questions concerning these *Travel Guidelines*, call the Risk Management Office.

Archdiocese of Portland in Oregon
Policy on Travel Involving Minors

TRAVEL REVIEW FORM

Use this form when planning overnight travel involving minors.

Please mail or fax this form to the appropriate Pastoral Center Office (e.g., Department of Catholic Schools, Department of Youth/Young Adult Ministry, Religious Education, Risk Management) before finalizing travel arrangements.

Parish / School _____

Address _____

City, State & Zip Code _____

Contact Person _____

Phone number _____ Fax number _____

Describe trip planned _____

Dates of trip - From: _____ To: _____

Number of minors _____ between the ages of _____ and _____

Number of Supervisors/Chaperones _____

Mode of Transportation _____
(e.g., plane, train, public/chartered bus, parish/private/rented vehicles)

What are the educational and/or religious goals of this trip? _____

Reminder: The Pastor/Principal is responsible for ensuring that travel arrangements are in accordance with the Archdiocesan *Policy on Travel Involving Minors* and related *Guidelines for Travel Involving Minors*.

Signature of Pastor or Principal

Date

Signature of Contact Person

Date

Archdiocese of Portland in Oregon

Policy on Travel Involving Minors

CHECKLIST

I. Approval and Review Process

- A. Has the Pastor/Principal reviewed and approved the travel arrangements? Yes No
- B. If any changes were made in the arrangements, has the Pastor/Principal approved them? Yes No
- C. If an overnight stay is involved, has a *Travel Review Form* been submitted to the appropriate Pastoral Center Office? Yes No

II. Contracts or Documents Related to Travel Arrangements

- A. Has each agreement and/or contract been carefully reviewed and signed by a person with signature authority? (*Travel Guidelines, II, B*) Yes No
- B. Does the agreement and/or contract contain an indemnification provision? If yes, have you contacted the Risk Management Office? (*Travel Guidelines, II, B*) Yes No
- C. If transportation is provided by a bus company, etc, has the provider met Archdiocesan insurance requirements? (*Risk Management Manual, pages D-8*) Yes No

III. Safety and Supervision of Minors

- A. Has each minor provided a completed:
1. Parent/Legal Guardian Event Permission Slip? (*Risk Management Manual, pages C-4/C-4A*) Yes No
 2. Student/Youth Emergency Information and Procedure Form? (*Risk Management Manual, pages C-5/C-5A*) Yes No
- B. Is each chaperone at least 21 years of age? Yes No
- C. Has the Pastor/Principal determined that the ratio of chaperones to minors is appropriate? Yes No
- D. Is each chaperone known by the Pastor/Principal and considered suitable for travel with minors? Yes No
- E. Has a criminal background check been completed for each chaperone? Yes No

IV. Transportation

- A. If a chaperone will be driving, has a DMV records check been completed? Yes No
- B. Is each driver at least 21 years of age? Yes No

IV. Transportation - continued

- C. Has each driver completed a *Driver Information Sheet*? Yes No
(*Risk Management Manual, Transportation Policy, pages C-12*)
- D. If a chaperone's own vehicle will be used, is it insured? Yes No
(*Risk Management Manual, Transportation Policy, pages C-12*)
- E. Does each vehicle, that will be used, have an adequate number of seat belts? Yes No
- F. If children between 4 and 6 years old or weighing 40 to 60 lbs. will be transported in a vehicle subject to the booster seat law, do you have in place a means of ensuring compliance with the law? Yes No
- G. Has a detailed itinerary been provided to the parents/legal guardian of each participating minor? Yes No

V. International Travel

- A. Have you confirmed that the U.S. Department of State, Bureau of Consular Affairs has not issued a travel warning for any country to which you will be traveling? Yes No
- B. Have parents been asked to consult their child's physician for immunization advice for the travel planned? Yes No
- C. Has each chaperone completed orientation/instruction including:
1. Cultural considerations and safety issues Yes No
 2. Duties and responsibilities of chaperones Yes No
 3. Crisis management and planning Yes No
 4. Travel plans and procedures Yes No
 5. Codes of behavior/conduct for chaperones and participants Yes No
 6. First aid procedures and planning Yes No
- D. Are funds available, such as credit cards or travelers checks, for medical or emergency use? Yes No
- E. If English is not the language of the country to which you will be traveling, are there an adequate number of chaperones who speak the native language? Yes No
- F. Have you contacted the Risk Management Office on whether any special insurance will be required? Yes No

ARCHDIOCESE OF PORTLAND
Parent/Legal Guardian Event Permission Slip
for Student/Youth

TO BE COMPLETED BY SPONSORING PARISH/SCHOOL

Below please find a brief description of the schedule of activities:

Event _____ Location _____

Archdiocesan Parish, School or Agency _____

Date of Event _____ Departure Date _____

Departure Time _____ Return Date _____

Estimated Time of Return _____ Mode of Transportation _____

TO BE COMPLETED BY PARENT/LEGAL GUARDIAN

I, _____ the undersigned, give my permission for _____
(Parent/Legal Guardian) (son/daughter)
to take part in an off-premises event which will require transportation and supervision by Archdiocesan employees and volunteers.

- ◆ I agree to allow my child to participate in this event.
- ◆ I agree and understand that transportation may be provided in such form and at the discretion of the Archdiocese of Portland.
- ◆ I also authorize the Archdiocese of Portland and its employees or chaperones to secure any and all necessary medical services for my child in the event of an accident or illness. Further, I agree to be solely responsible for the payment of those services.

Child's Name _____ Date of Birth _____ Sex Male Female

Allergies (foods, drugs, insects, etc.) _____

Medications (name, dosage, reason) _____

Other information (injuries, etc.) _____

In case of emergency, please notify:

Parent/Guardian (s) _____

Day Phone Number(s) _____ Evening Phone Number(s) _____

Child's Doctor _____ Phone Number _____

Parent/Guardian Signature

Date

THIS FORM TO BE KEPT ON FILE FOR THREE YEARS

ARQUIDIOCESIS DE PORTLAND
Formulario de Permiso del Padre o Guardián Legal
Para Eventos de Estudiantes/Jóvenes

A SER LLENADO POR LA PARROQUIA O ESCUELA AUSPICIANTE DEL EVENTO

A continuación está una descripción del horario de actividades:

Evento: _____ Lugar: _____

Parroquia, Escuela o Agencia Arquidiocesana: _____

Fecha del Evento: _____ Fecha de Salida: _____

Hora de Salida: _____ Fecha de Regreso: _____

Hora Estimada de Regreso: _____ Forma de Transporte: _____

A SER LLENADO POR EL PADRE O Guardián LEGAL:

Yo, el suscrito _____ doy permiso a _____

(Nombre del Padre o Guardián)

(Nombre del hijo/a)

para que participe en un evento fuera del local que requiere transporte y bajo la supervisión de empleados arquidiocesanos y voluntarios.

- Estoy de acuerdo en dar permiso a mi hijo/a para que participe en este evento.
- Estoy de acuerdo y entiendo la forma de transporte que se ofrece, a discreción de la Arquidiócesis de Portland.
- También autorizo a la Arquidiócesis de Portland y a sus empleados o chaperones para que procuren cualquier servicio médico que mi hijo/a necesite en caso de un accidente o enfermedad. Además, estoy de acuerdo que seré el único responsable por el pago de dichos servicios médicos.

Nombre del Niño o Niña: _____ Fecha de Nacimiento: _____

Sexo: M ___ F ___

Alergias (a comidas, medicamentos, insectos, etc) _____

Medicamentos que está tomando (nombre, dosis, razón) _____

Otra información (lesiones, etc.) _____

Nombre de la Compañía de Seguro Médico _____

Grupo ó Número de Identificación del Seguro: _____

En caso de emergencia, por favor de notificar a:

Nombre del Padre/Guardián Legal _____

Número de Teléfono (día): _____ Número de Teléfono (noche) _____

Nombre del Doctor del Niño/a _____ Número de Teléfono: _____

Firma del Padre o Guardián

Fecha

ESTE FORMULARIO DEBE MANTENERSE EN ARCHIVOS POR TRES AÑOS

ARCHDIOCESE OF PORTLAND
Student/Youth Emergency Information Procedure Form

Student Name _____ Home Phone # _____

Address _____ City _____ State _____ Zip _____

School Attending _____ Date of Birth _____ Grade Level _____

Parent(s)/Guardian(s) _____

Parent with whom student is living _____

In case of illness, accident or emergency to the student named above, the Archdiocese of Portland and its representatives are authorized to proceed as indicated below (thoroughly complete the following information and number each item 1,2,3 etc., in the order of desired action you wish us to take.)

Contact Mother, Day Phone # _____ Other Phone # _____

Contact Father, Day Phone # _____ Other Phone # _____

If Above Cannot Be Located, Contact _____ Phone # _____

Contact Family Physician (if possible) _____ Phone # _____

Take Student to Nearest Emergency hospital _____

Other _____

Last Tetanus immunization or booster date _____

Allergies (food, drugs, insects, etc.) _____

Is child presently on any medications? Yes No If so, state name, dosage, reason for drug and prescription physician _____

—

Please note any injuries, recent surgery, prolonged illness, current medication, corrective lenses or special health problems that would help emergency personnel care for your student or require special attention _____

Name of Medical Insurance Company _____

Group or I.D. Number _____

I authorize the Archdiocese of Portland and its representatives to use their judgement in determining emergency care and procedures for my child. I also understand and agree that the Archdiocese assumes no financial obligation for expenses incurred in carrying out emergency procedures and/or emergency transportation.

Parent/Guardian Signature

Date

PLEASE UPDATE THIS INFORMATION ANNUALLY AND RETAIN IN STUDENT/YOUTH FILE

ARQUIDIOCESIS DE PORTLAND
Formulario de Información y Procedimientos en
Caso de Emergencia para Estudiantes/Jóvenes

Nombre del Estudiante: _____ No. de teléfono (casa) _____

Dirección: _____

Ciudad _____ Estado _____ Código Postal _____

Escuela a la que asiste: _____ Fecha de Nacimiento _____ Grado _____

Padre(s)/Guardián(es) Legal(es): _____

Persona con la que el estudiante esta viviendo actualmente _____

En caso de enfermedad, accidente o emergencia del mencionado estudiante, la Arquidiócesis de Portland y sus representantes están autorizados para proceder como se indica a continuación. (Por favor detalle específicamente la información solicitada y numere en orden de preferencia, 1, 2, 3, etc. Los procedimientos que desea tomemos):

____ Contacte a _____ Teléfono (día) _____ Otro teléfono _____

____ Contacte a _____ Teléfono (día) _____ Otro teléfono _____

____ Si no se puede localizar a estas personas, contacte a: _____ Teléfono _____

____ Contacte al médico de la familia: _____ Teléfono _____

____ Lleve al estudiante al hospital más cercano: _____

____ Otro _____

Fecha de vacunación o refuerzo contra el tétano: _____

Alergias (a comidas, medicamentos, insectos, etc) _____

¿Está actualmente el niño(a) tomando algún medicamento? Sí ___ No ___. Si es así, por favor indiquenos el nombre del medicamento, dosis, razón y el médico. _____

Por favor, indiquenos sobre cualquier lesión, operación reciente, enfermedades, medicación que se esté tomando actualmente, lentes correctivos o cualquier problema de salud especial del niño(a) que nos pueda ayudar en caso de emergencia o que requieran atención especial. _____

Nombre de la Compañía del Seguro Médico _____

Número de Identificación o Grupo _____

Autorizo a la Arquidiócesis de Portland y sus representantes a que usen su juicio en determinar el cuidado y procedimientos para mi hijo(a) en caso de emergencia. También entiendo y estoy de acuerdo que la Arquidiócesis no asumirá ninguna obligación financiera en la que se incurra por procedimientos de emergencia y/o transporte de emergencia.

Firma del Padre/Guardián Legal

Fecha

FAVOR ACTUALIZAR ESTA INFORMACION ANUALMENTE Y MANTENER EN EL ARCHIVO DEL ESTUDIANTE/JOVEN.

TRANSPORTATION POLICY

Chartered transportation for large groups is recommended for Archdiocesan events or field trips, whenever possible. However, if privately owned passenger vehicle is used, the following information must be obtained from the driver by completing the *Drivers Information Sheet* (see next page).

- Drivers must be 21 years of age or older.
- Drivers must have a valid, unrestricted Oregon driver's license with a good driving history. ***Drivers may be subject to Motor Vehicle records check.***
- The vehicle must have a valid and current registration and license plates.
- The vehicle **must** be insured for the *minimum State of Oregon requirements of \$25,000/\$50,000/\$10,000.*
- If you are utilizing a van which seats 16 or more passengers (including driver), please make sure the driver has proper license or training which is required by the State of Oregon. Contact the Insurance Office or the Department of Motor Vehicles for information.
- When renting vehicles it is necessary to purchase the vehicle insurance through the rental agency.

Each driver and/or chaperone should be provided a copy of the approved event itinerary including the destination route(s) to be followed.

For interscholastic events, please provide the drivers with direction to athletic fields.

NOTE: **This policy applies only in cases where the parish or school organizes transportation. When participants are responsible for their own transportation, the above policy does not apply.**

ARCHDIOCESE OF PORTLAND DRIVER INFORMATION SHEET

I. DRIVER Employee Volunteer

Name: _____ Date of Birth: _____
Address: _____
Drivers License #: _____ Date of Expiration: _____
Any Restrictions? Yes No Please Explain: _____

II. VEHICLE THAT WILL BE USED

Name of Owner: _____
Address of Owner: _____
Make & Model of Vehicle: _____ Year of Vehicle: _____
License Plate #: _____ # of Seat Belts Available: _____

III. INSURANCE INFORMATION

When volunteers or employees are using their privately-owned vehicle(s), the vehicle's insurance coverage will always be considered *primary*. Please attach a copy of the declaration page of your current policy *or* complete the following information:

Insurance Company: _____
Policy Number: _____
Date of Policy Expiration: _____
Liability limits of policy*: _____

***Please note: The Archdiocese requires that drivers maintain the State of Oregon minimum automobile limits of \$25,000/ \$50,000/ \$10,000.**

IV. CERTIFICATION

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as an employee or volunteer driver, I must be 21 years of age or older, possess a valid driver's license, have the proper and current license and vehicle registration and have the required insurance coverage in effect on any vehicle used on behalf of the Archdiocese of Portland.

Signature

Date

Thank you for providing this information

**ARCHDIOCESE OF PORTLAND
STANDARD INSURANCE REQUIREMENTS**

When entering into a lease for use of premises or contractual agreements with others the following evidence of insurance coverage must be provided:

1. GENERAL LIABILITY AND ABUSE COVERAGE

- A certificate of Insurance evidencing General Liability must be provided with a minimum of \$1 million of coverage. In addition, evidence of Abuse Coverage will be necessary when applicable.
- ***Independent Day Care Providers (Requirements effective July 1, 1996)***
Day Care Providers, who are leasing Archdiocesan premises are required to provide the above General Liability Insurance as well as Sexual Abuse coverage with a minimum coverage limit of \$300,000 with defense costs outside the limits of liability.
- Evidence of Automobile Liability will be required when applicable.
- ***Additional Insured Endorsement Form***
Must name the Archdiocese of Portland and Parish, School or location as an *additional insured*.

General Liability Endorsement shall state that “This insurance is primary and not contributing with any insurance or self-insurance of the Archdiocese of Portland.”

A 30-day notice to the Archdiocese of Portland of material policy change or cancellation is required.

2. WORKERS' COMPENSATION INSURANCE

Statutory limits are required and policy endorsed to waive rights of subrogation against the Archdiocese of Portland

3. ARCHITECTS AND ENGINEERS

A Certificate of Insurance showing Professional Liability (E&O) of not less than \$250,000 is required, when applicable. *This requirement is waived for architects preparing master plans.*

- ★ **The Department of Business Affairs will review lease agreements and construction/repair contracts to evaluate the levels of insurance requirements necessary, based upon the circumstances of each institution.**

***Technical Insurance requirements to be provided to insurance company can be found
on the reverse side of this form.***

MINIMUM SCOPE AND LIMITS OF INSURANCE

1. General Liability coverage at least as broad as ISO Occurrence Form CG 001 11 85 with a combined single limit for bodily injury and property damage of at least \$1 million.
2. Architects and engineers (errors and omissions) evidenced in the amount of not less than \$250,000. Architect must be a member of the American Institute of Architects (AIA).
3. Workers' Compensation and Employer's Liability. Workers' Compensation limits shall be required by law. Employer's Liability limits shall be \$1,000,000 per accident/disease.
4. All forms and limits are subject to review and acceptance by the Archdiocese of Portland.

DEDUCTIBLES, SELF-INSURED RETENTIONS AND AGGREGATES

Any deductibles, self-insured retentions and aggregates (including losses against aggregates) shall be disclosed to and approved by the Archdiocese of Portland.

OTHER INSURANCE PROVISIONS

The policies are to contain or be endorsed to contain the following provisions:

1. ***General Liability coverages:***
 - a. The Archdiocese of Portland, its officers, employees and volunteers are to be covered as insureds as respects: liability arising out of activities performed by or on behalf of the Contractor, including the insured's general supervision of the Contractor; products and completed operations of the Contractor; premises owned, occupied or used by the Contractor. The coverage shall contain no special limitations on the scope of protection afforded to the Archdiocese of Portland, its officers, employees or volunteers.
 - b. The Contractor's insurance coverage shall be primary insurance as respects the Archdiocese of Portland, its officers, employees and volunteers. Any insurance or self-insurance maintained by the Archdiocese of Portland, its officers, employees or volunteers shall be excess of the Contractor's insurance and shall not contribute with it.
 - c. Any failure to comply with the reporting provisions of the policies shall not affect coverage provided to the Archdiocese of Portland, its officers, employees or volunteers.
 - d. The Contractor's insurance shall apply separately to each insured against whom claim is made or suit is brought, except with respect to the limits of the insurer's liability.
2. ***Workers' Compensation and Employer's Liability Coverage:***

The insurer shall agree to waive all rights or subrogation against the Archdiocese of Portland, its officers, employees and volunteers for losses arising from work performed by the Contractor for the Archdiocese of Portland.
3. ***All Coverages:***

Each insurance policy shall be endorsed to state that the coverage shall not be cancelled or reduced in coverage or limits except after 30 days prior written notice to the Archdiocese of Portland.

All policies must be placed with admitted insurers with a Best's rating of no less than A VII.

VERIFICATION OF COVERAGE

Certificates of Insurance and original endorsements evidencing the required insurance shall be provided to the Archdiocese of Portland before work commences.

SUBCONTRACTORS

Contractor shall include all subcontractors as insureds under its policies or shall furnish separate certificates and endorsements for each subcontractor. All coverages for subcontractors shall be subject to all of the requirements stated herein.

SAMPLE **CERTIFICATE OF LIABILITY INSURANCE** Date (MM/DD/YY)
OP ID BW
NORME-1

PRODUCER <div style="border: 1px solid black; padding: 10px; text-align: center; font-size: 1.2em; font-weight: bold;">INSURANCE BROKER / AGENT</div> Phone No. _____ Fax No. _____	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHT UPON THE CERTIFICATE HOLDER, THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. COMPANIES AFFORDING COVERAGE COMPANY A COMPANY B COMPANY C COMPANY D
INSURED <div style="border: 1px solid black; padding: 10px; text-align: center; font-size: 1.2em; font-weight: bold;">INSURED</div>	

COVERAGES

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.

CO LT R	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	123456789	MM/DD/YY	MM/DD/YY	GENERAL AGGREGATE	\$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS – COMP/OP AGG	\$1,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY	\$1,000,000
	OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE	\$1,000,000
	_____				FIRE DAMAGE (Any one fire)	\$ 50,000
	[WHEN REQUIRED]				MED EXP (Any one person)	\$ 5,000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	\$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE	\$
	<input type="checkbox"/> HIRED AUTOS					
	<input type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY				AUTO ONLY – EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:	\$
	_____				EACH ACCIDENT	\$
					AGGREGATE	\$
	EXCESS LIABILITY				EACH OCCURRENCE	\$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE	\$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC 123456890	MM/DD/YY	MM/DD/YY	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	\$1,000,000
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE <input checked="" type="checkbox"/> INCL <input type="checkbox"/> EXCL				EL EACH ACCIDENT	\$1,000,000
					EL DISEASE – POLICY LIMIT	\$1,000,000
					EL DISEASE – EA EMPLOYEE	\$1,000,000
A	OTHER	123456789	MM/DD/YY	MM/DD/YY	<input checked="" type="checkbox"/> SEXUAL ABUSE/MOLESTATION	\$1,000,000
	[WHEN REQUIRED]				EACH OCCURRENCE	\$1,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
RE: Operations of the Insured on premises of the certificate holder
Certificate holder and _____ (Parish/Church or School) are included as
Additional insured as per form CB 00 00 00 00 attached

CERTIFICATE HOLDER	CANCELLATION
ARCH001 The Archdiocese of Portland in Oregon _____ (Parish/Church or School) Attn: Risk Management Office 2838 E. Burnside Street Portland, OR 97214	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIERATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE

SAMPLE: ADDITIONAL INSURED ENDORSEMENT FORM

POLICY NUMBER: **1234567890**

COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

Name of Person or Organization:

THE ARCHDIOCESE OF PORTLAND IN OREGON, ITS OFFICERS, EMPLOYEES AND VOLUNTEERS / _____(PARISH/CHURCH OR SCHOOL)

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement).

WHO IS INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule as an insured but only with respect to liability arising out of your operations or premises owned by or rented to you.

THIS INSURANCE IS PRIMARY AND NOT CONTRIBUTING WITH ANY INSURANCE OR SELF-INSURANCE OF THE ARCHDIOCESE OF PORTLAND IN OREGON.

SAMPLE