

# CERTIFICATE OF LIABILITY INSURANCE

**KVANGERWEN** 

DATE (MM/DD/YYYY)

6/21/2024

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).

Jni۱	DDUCER versal Business Insurance Services			CONTACT Gary Jones - 984-6022 PHONEO Ext): (-) 984-6022							
198 <b>01</b> ട്ടെ <b>ഡ്11</b> h8 <b>3007 0</b> Vest, Suite 320						ADDRESS: gjones@ubinsurance.com					
						INSURER(S) AFFORDING COVERAGE					
INSURED						INSURER A:*Philadelphia Insurance Co.					
						INSURER B:					
Knights of C olumbus					INSURER C:						
	6170 Hathaway Street			II	INSURER D:						
	Taylorsville, UT 84123			II	INSURER	E:					
				li li	INSURER	F:					
				NUMBER:				REVISION NUMBER:			
IN Cl	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RESERTIFICATE MAY BE ISSUED OR MAY FIXCLUSIONS AND CONDITIONS OF SUCH P	QUIR PERT	REME AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORDER	OF AN	Y CONTRAC' THE POLICIE	T OR OTHER S DESCRIBE	ED NAMED ABOVE FOR TH DOCUMENT WITH RESPEC D HEREIN IS SUBJECT TO	HE POL OT TO V	ICY PERIOD WHICH THIS HE TERMS,	
NSR		ADDL		POLICY NUMBER		POLICY EFF MM/DD/YYYY)	POLICY EXP				
Α	X COMMERCIAL GENERAL LIABILITY					,	<b></b>	EACH OCCURRENCE	s	1,000,000	
	CLAIMS-MADE X OCCUR	х		PHPK2565244-011		7/1/2024	7/1/2025	DA AGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
								MED EXP (Any one person)	s	5,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	X POLICY PROT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000	
	OTHER:							Liquor Liab	\$	1,000,000	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person)	\$		
	OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$		
	HIRED NON-OWNED AUTOS ONLY							(Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$							PER OTH-	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$		
Α	DESCRIPTION OF OPERATIONS below			PHPK2565244-011		7/1/2024	7/1/2025	E.L. DISEASE - POLICY LIMIT	\$	4 000 000	
				PHPK2565244-011		7/1/2024		Each Occurrence		1,000,000	
Α	Professional Liabili			PHPK2303244-011		//1/2024	//1/2023	Aggregate		2,000,000	
lold ts c	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLI der: Roman Catholic Diocese of Salt Lake clergy, employees, or representatives wh grams, preparation and serving meals, fu	e its o	clerg s pro	y, employees, and represen perty or facilities are used b	ntatives by the h	are addition Cnights of Co	al insureds a olumbus Utal	s respects general liabili			
CEI	RTIFICAT E HOLDER				CANCE	ANCELLATION					
Roman Catholic Diocese of Salt Lake 27 C Street Salt Lake City, UT 84103						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					
					Jany & Jons						

#### POLICY NUMBER: PHPK2007080

## THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# ADDITIONAL INSURED - CONTROLLING INTEREST

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

#### **SCHEDULE**

# Name Of Person(s) Or Organization(s): Roman Catholic Diocese of Salt Lake Its clergy, empl.,or reps, Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only
  - 1. Their financial control of you; or

with respect to their liability arising out of:

Premises they own, maintain or control while you lease or occupy these premises.

## However:

- The insurance afforded to such additional insured only applies to the extent permitted by law: and
- If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.
- **B.** This insurance does not apply to structural alterations, new construction and demolition operations performed by or for that person or organization.

- C. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:
  - If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:
- Required by the contract or agreement; or
- Available under the applicable Limits of Insurance shown in the Declarations;

### whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.