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Insurance Claims Kit

Forms are included in this kit as a guide for the information that is needed to file claims online. We prefer that workers compensation claims, liability claims and property claims be filed online. The Diocese of Davenport and Molyneaux Insurance have immediate access to those claims when you file them electronically.

<table>
<thead>
<tr>
<th>Section</th>
<th>Company</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Section 1:</strong> Workers Compensation</td>
<td>RAS (Risk Administration Services)</td>
<td>Policy Number WC02000390242020A</td>
</tr>
<tr>
<td><strong>Section 2:</strong> Loss Control/Risk Management Services (Work place safety and risk management)</td>
<td>Parishes: Molyneaux Mark Shaffer</td>
<td>Schools: Catholic Mutual Ryan Dallan</td>
</tr>
<tr>
<td><strong>Section 3:</strong> Liability Loss</td>
<td>Catholic Mutual</td>
<td>Certificate Number 9165</td>
</tr>
<tr>
<td><strong>Section 4:</strong> Property Loss</td>
<td>Catholic Mutual</td>
<td>Certificate Number 9165</td>
</tr>
<tr>
<td><strong>Section 5:</strong> Property Loss</td>
<td>Church Mutual</td>
<td>Policy Number 34297109127955</td>
</tr>
<tr>
<td><strong>Section 6:</strong> Cyber Insurance</td>
<td>Beazley</td>
<td>Policy Number V2B903200101</td>
</tr>
<tr>
<td><strong>Section 7:</strong> Requirements for Driving for the Diocese, School or Parish and CMG Connect Certificate of Liability for Leased Vehicles (Enterprise Rent-a-Car and Truck Rental/U-Haul)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Section 8:</strong> Parish/School Facility Use and Rental</td>
<td>Catholic Mutual</td>
<td></td>
</tr>
<tr>
<td><strong>Section 9:</strong> Boiler Inspections</td>
<td>Travelers BoilerRE thru Catholic Mutual</td>
<td></td>
</tr>
</tbody>
</table>

Complete kit can be found at [www.davenportdiocese.org/risk-management](http://www.davenportdiocese.org/risk-management)
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Insurance Claims Kit

Diocese of Davenport Contact: Tiara Hatfield, Human Resources and Risk Management Coordinator
563-888-4366, hatfield@davenportdiocese.org

<table>
<thead>
<tr>
<th>Section</th>
<th>Company</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section 10: Employment Practices</td>
<td>Catholic</td>
<td>Contact Tiara Hatfield, before an employee is terminated. A professional review is needed in order for insurance coverage to apply.</td>
</tr>
<tr>
<td></td>
<td>Mutual</td>
<td></td>
</tr>
<tr>
<td>Section 11: Request for Certificate of Insurance</td>
<td>Catholic</td>
<td>Contact Kris Westlake: 800-228-6108, ext. 2327 <a href="mailto:kwestlake@catholicmutual.org">kwestlake@catholicmutual.org</a> Required form included in kit</td>
</tr>
<tr>
<td></td>
<td>Mutual</td>
<td></td>
</tr>
<tr>
<td>Section 12: Contract Review</td>
<td>Catholic</td>
<td>Contact Tiara Hatfield, 563-888-4366 <a href="mailto:hatfield@davenportdiocese.org">hatfield@davenportdiocese.org</a></td>
</tr>
<tr>
<td></td>
<td>Mutual</td>
<td></td>
</tr>
<tr>
<td>Section 13: Liquor Liability</td>
<td>Catholic</td>
<td>Contact Kris Westlake: 800-228-6108, ext. 2327 <a href="mailto:kwestlake@catholicmutual.org">kwestlake@catholicmutual.org</a></td>
</tr>
<tr>
<td></td>
<td>Mutual</td>
<td></td>
</tr>
<tr>
<td>Section 14: Certificate of Liability for Knights of Columbus Events</td>
<td>Catholic</td>
<td>Contact Kris Westlake: 800-228-6108, ext. 2327 <a href="mailto:kwestlake@catholicmutual.org">kwestlake@catholicmutual.org</a></td>
</tr>
<tr>
<td></td>
<td>Mutual</td>
<td></td>
</tr>
</tbody>
</table>
Section 1

Workers Compensation
Options for Reporting a Claim
First Report of Injury

To report a claim, select one of the following options: Online, E-mail, Fax or Call Center.

Online
For questions getting an on-line account or assistance reporting claims online, please contact Policy Services at 800.732.1486 ext. 5556.

2 Ways
1. Report an Injury (may be completed once your account has been set up)
   - Go to www.rascompanies.com
   - Click on “For Employers”
   - Go to “Click Here to Report a Claim”
   - Log in with your user id and password
   - Select First Report
   - Select New First Report
   - Follow instructions to complete the First Report of Injury
   - Submit the report

2. Report an Injury (may be completed once your account has been set up)
   - Go to https://portal.rascompanies.com/Portal/
   - Log in with your user id and password
   - On the Dashboard, click on “Report A Claim”
   - Select New First Report
   - Follow instructions to complete the First Report of Injury
   - Submit the report

Email
E-mail the completed First Report of Injury Form to firstreports@rascompanies.com

Fax
Fax the completed First Report of Injury Form to 877.884.6573

Call Center
Call 877.585.1117 to provide the claim information to a Claims Service Representative over the phone.

Please report all claims within 24 hours of the employer receiving notification.
First Report of Injury Instructions

1. Go to www.rascompanies.com and click on “For Employers”

2. Click on “CLICK HERE TO REPORT A CLAIM”

3. Log in with your email address and password that was sent to you. If you do not have a password, click on “Forgot Password” on the main page.

4. Once in the system, choose the “First Report” tab, and then click on “New First Report”.

5. Start filling in the information in the system. All required options are bolded in blue.

6. Continue through the questions by clicking “Next”. If you are unsure of an answer you can continue by clicking “Next” twice. Below you will see the final page.

   - Put your name and phone number in the information.
   - Also note there is a spot for confidential comments. Information in that box will only go to you and the claims examiner.
   - You can also attach any PDF or JPEG documents.
   - There are two buttons to choose from
     - Submit First Report – you have everything completed and it can be turned in
     - Save and Submit Later – you are missing items and want to save your work. Your work will be saved at the top of the screen under the “Incomplete First Reports” where you can go back in to finish and save the document.

For any questions or if you need help with the online system, please contact Claims Support Center at 877-585-1117.
Section 2
Loss Control/Risk Management Services
**LOSS CONTROL**

**Safety & Personnel Resources** was established in January, 1999 to provide prompt and detailed loss control information, experience and solutions to help you keep your employees and facility safe. Professional and comprehensive loss control services should be an integral part of your risk management program.

A quality loss control program may decrease workplace accidents and may also increase the productivity and profitability of your company. Presently, an ever-increasing number of organizations are establishing or upgrading their loss control programs.

**Mark Shaffer** has over 20 years of experience in safety, and has a Masters in Human Resources and Safety with 16 years of safety experience at Aetna Insurance Company. **Chad Keegan** joined the firm in 2003 from Chicago and brought with him a broad knowledge base and strong construction background. He has a Bachelor of Science degree and has earned the Certified Safety Professional designation (CSP).

We have the essential skills and aptitude to successfully complete your risk management objectives and to ensure that your company has an effective and comprehensive safety program. Our professional loss control services can be an integral element of your risk management and claim’s cost control program.

Our loss control services can be tailored to your individual needs. A brief list of our Loss Control Services follows:

- OSHA Audits
- OSHA 10 Hour & 30 Hour Safety Seminar
- Lockout/Tagout Program and Training
- Hazard Communication Program and Training
- Confined Space Program and Training
- Accident Investigation
- Forklift Truck Program and Training
- Ergonomics Program and Training
- Return to Work Program
- Emergency Action Program and Training
- Job Site Audits
- Safety/OSHA Consulting
- Establishing Customer Safety and Training Programs
CARIES
“Self Inspection Report”

This form has been designed to provide a simple means for a person to conduct a safety inspection at their facility. The form is intended to be an aid in detecting hazards and thus reducing exposure to loss. If there are any specific questions or problems, the Risk Management Department at Catholic Mutual should be contacted.

Instructions
1. Complete heading of report.
2. Inspection should be done by pastor, facility administrator, or maintenance manager.
3. Plan sufficient time to walk through entire premises. Take form along and check appropriate response while conducting the inspection. Written notes can also be made for serious problems discovered or items not specifically covered on this form.
4. After inspection has been completed, determine what action is required to correct problem.
5. Send photocopies of report to:

Catholic Mutual Group
Attn: Risk Management Department
10843 Old Mill Road
Omaha, Nebraska 68154-2600
FAX (402) 551-2943
Email: rm@catholicmutual.org

AND

Diocesan Insurance Contact

6. The tentative date for repairs/corrective measures should be indicated on the enclosed “Follow-up Worksheet.”

Please note: The success of this program requires both the inspection of the property and correction of the hazards detected.

This report can also be completed on our website at www.catholicmutual.org. Once you have logged in, click on Risk Management Info click on Property and then click on Self Inspection Report.

Questions, problems and/or requests for safety literature can be made through the Risk Management Department of Catholic Mutual at 800-228-6108

ARCH/DIOCESE __________________________ PARISH/INSTITUTION __________________________
ADDRESS __________________________
CITY/STATE/ZIP __________________________ EMAIL ADDRESS __________________________
TELEPHONE __________________________ WEBSITE ADDRESS __________________________
INSPECTED BY __________________________ DATE OF INSPECTION __________________________

Place X next to buildings inspected
Church ☐ Rectory ☐ Convent ☐ Garage ☐ Hall ☐
High School ☐ Grade School ☐ Gym ☐ Other ☐
(To be completed by Administration only)

**CONTRACT REVIEW/FACILITY USAGE POLICY**

- **Diocesan guidelines when entering into any type of contract, agreement or lease or when individuals/organizations use your facilities for non-parish sponsored events.**

1. Do you have a copy of the Diocesan Contract Review Policy
   - YES
   - NO

2. Are Certificates of Insurance obtained from outside organizations or individuals renting or using the facilities (eg: Knights of Columbus, Girl Scouts, wedding receptions, etc.)
   - YES
   - NO

3. Are Certificates of Insurance obtained from outside contractors scheduled to repair or renovate the facilities
   - YES
   - NO

   It is important that original Certificates be kept in one central file so they would be available should the need arise

4. Do you lease your facilities
   - YES
   - NO

**VEHICLE SAFETY POLICY**

- **Diocesan guidelines intended to standardize the safety methods and procedures for individuals driving on behalf of a parish/school. Guidelines could include a MVR check and a defensive driving course.**

1. Do you have a copy of the Diocesan Vehicle Safety Policy
   - YES
   - NO

2. Do you maintain an up-to-date list of authorized vehicle drivers (both Employees & Volunteers)
   - YES
   - NO

3. Do you own, operate or lease passenger vans/shuttles capable of transporting more than 10 people regardless of the current seating capacity in the vehicle
   - YES
   - NO

**SECURITY POLICY**

- **Each institution should be capable of demonstrating that appropriate steps have been taken to secure its facilities and to ensure emergency procedures in place.**

1. Do you have a security emergency response plan in place
   - YES
   - NO

2. Are practice drills regularly conducted
   - YES
   - NO

3. Do you have key control policy in place
   - YES
   - NO

4. Do you maintain an inventory list of furnishings & equipment
   - YES
   - NO

**EDUCATION/RESOURCE MATERIALS**

1. Have appropriate personnel attended any diocesan training programs
   - YES
   - NO

2. Have all appropriate personnel viewed Catholic Mutual's on-line safety training modules
   - YES
   - NO

3. Please indicate if there are any specific topics for which you would like further information

Place comments on overall condition of inspected items and note problem areas below:
<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has a building been built, acquired or sold within the past year</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes, please provide the type of occupancy, address, and square footage on the enclosed Follow-up Worksheet (eg: Dwelling; 1234 Street; City; State; Zip Code; 2,700 sq. ft.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is any building currently vacant or unoccupied?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>INTERIOR</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Are floor surfaces even <em>(Check for trip hazards)</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Is carpeting in good condition and securely fastened</td>
<td></td>
<td></td>
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<tr>
<td>3. Are doors secure, have adequate locks, close properly</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Are windows free of cracks and breaks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Stairs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In good repair</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Handrails present <em>(sturdy &amp; securely attached)</em></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Are stairways and landings free of storage material</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>6. Fire Extinguishers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adequate number &amp; size <em>(Minimum Size - 5 lb. ABC Dry Chemical)</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inspected annually, tagged and properly charged</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mounted and Accessible</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Electrical</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is wiring in good condition, connections secure and/or free of fraying</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are extension cords properly used and sized</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there a 3’ clearance around electrical panels</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is office equipment outfitted with surge protectors</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Heating, A/C Equipment, Furnace Room</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are yearly service checks performed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is furnace room free of combustible materials and chemicals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are boilers currently certified</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Residential Alarms <em>(Recommend monthly testing)</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smoke detectors function properly <em>(Minimum - 1 per level)</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carbon Monoxide</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. School, Large Assembly Alarms</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fire</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Security</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are alarms operational and regularly tested</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Are exits clearly marked, lighted and not blocked</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Is copy of Bloodborne Pathogens Plan present in schools</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Are there emergency evacuation plans posted in schools, public meeting areas and church classrooms</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Are there emergency preparedness and procedure plans in place</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Are emergency lights functional</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Are candles well protected <em>(discouraged in schools and offices)</em></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
17. Are there main utility shutoffs and do appropriate staff know their location
   YES  NO  N/A

18. Are all chemicals/flammables properly labeled and stored in approved safety cabinets
   YES  NO  N/A

19. Do you have an Automatic External Defibrillator (AED)
   YES  NO  N/A

**EXTERIOR**

1. Is foundation structurally sound
   YES  NO  N/A

2. Is roofing in good repair
   YES  NO  N/A

3. Are gutters, downspouts, and roof drains inspected regularly and kept clean
   YES  NO  N/A

4. Is chimney free of cracks and breaks and cleaned annually, if used
   YES  NO  N/A

5. Does facility have a LIGHTNING protection system (such as lightning rods)
   YES  NO  N/A

6. Are walkways level and free of holes and cracks
   YES  NO  N/A

7. Are entrance mats in good condition and securely fastened
   YES  NO  N/A

8. Are driveways and parking lots clearly marked and lighted
   YES  NO  N/A

9. Are stairs and handrails present and in good condition
   YES  NO  N/A

10. Is there adequate lighting around building
    YES  NO  N/A

11. Is playground equipment properly maintained
    YES  NO  N/A

12. Is there 9" to 12" of cushioning material (sand, pea gravel, etc.) in place and maintained under playground equipment
    YES  NO  N/A

13. Does playground have a sign indicating “Adult Supervision Required”
    YES  NO  N/A

**CEMETERY CHECKLIST**

✓ Check each box for all areas inspected

**Maintenance/Safety**
- Perpetual care tombs
- Statues & church owned memorials
- Markers stable & secure
- Roadways
- Fences/Gates
- Ditches & drainage
- Grass & weed control
- Adequate trash receptacles
- Abandoned tombs
- Insect problems
- Trees & shrubs trimmed
- Walkways clear & safe
- Safety equipment
- Maintenance of equipment
- Fuel storage tank

**Mausoleums**
- Roofs/Trim
- Granite or marble structures
- Caulking
- Painted areas
- Glass & metal doors work
- Drainage
- Floors & walkways
- Cleanliness

[Print Form]  [Submit Form]
Section 3
Liability Loss
To report a liability or property claim online with Catholic Mutual:

Using Internet Explorer go to www.catholicmutual.org

Member Login

Our entire diocese has the same username and password:

Username: 0850dav
Password: service

Click report a claim

Choose: Download Report of Liability Loss

or

Download Report of Property Loss

On the drop down Save, choose save as and save the form to your desktop. This will create a fillable PDF on your desktop.

Fill out the form and press submit.

A box will pop up and you need to hit continue.

An email will pop up - send the email.

If you don’t have Internet Explorer email the form to reportaclaim@catholicmutual.org

or fax to 402-551-2943.

At this point Catholic Mutual has the loss and they start their process. You should receive a notice back with a number assigned for the loss. You will be contacted by an adjuster immediately with Catholic Mutual. Keep all information for the claim for them.
ACCIDENT REPORT
(For Non-Employees)

* Required Field

MEMBER NAME

* PARISH/SCHOOL

* ADDRESS

* CITY  * ZIP

* PHONE NUMBER  PARISH EMAIL

* PERSON REPORTING

DATE FORM COMPLETED (MM/DD/YYYY)

* DATE OF ACCIDENT (MM/DD/YYYY)  TIME OF ACCIDENT (10:00 A.M.)

WHERE ACCIDENT OCCURRED

WERE PHOTOGRAPHS TAKEN?

DESCRIBE ACCIDENT


PARTY INVOLVED-NAME  STUDENT? □

IF STUDENT, PARENT NAME(S)

ADDRESS

CITY  ZIP

PHONE NUMBER  WORK NUMBER

DOB (MM/DD/YYYY)  SS#

INJURY/DAMAGE

TRANSPORTED BY AMBULANCE?

WITNESSES (PLEASE INCLUDE ADDRESS AND PHONE NUMBER)


COMMMENTS

Print  Submit Form
Section 4
Property Loss
Property Loss

Insurer: Catholic Mutual

Policy #: Certificate9165

Report On-line: www.catholicmutual.org
To report a liability or property claim online with Catholic Mutual:

Using Internet Explorer go to www.catholicmutual.org

Member Login

Our entire diocese has the same username and password:

Username: 0850dav
Password: service

Click report a claim

Choose: Download Report of Liability Loss

or

Download Report of Property Loss

On the drop down Save, choose save as and save the form to your desktop. This will create a fillable PDF on your desktop.

Fill out the form and press submit.

A box will pop up and you need to hit continue.

An email will pop up - send the email.

If you don’t have Internet Explorer email the form to reportaclaim@catholicmutual.org

or fax to 402-551-2943.

At this point Catholic Mutual has the loss and they start their process. You should receive a notice back with a number assigned for the loss. You will be contacted by an adjuster immediately with Catholic Mutual. Keep all information for the claim for them.
REPORT OF PROPERTY DAMAGE

* = Required Field

MEMBER NAME

*PARISH/SCHOOL

*ADDRESS

*CITY *ZIP

*PHONE NUMBER PARISH EMAIL

*PERSON REPORTING

DATE FORM COMPLETED (MM/DD/YYYY)

*DATE OF INCIDENT (MM/DD/YYYY)

LOCATION OF DAMAGE

WERE PHOTOGRAPHS TAKEN?
(Please take photos for damage in excess of $5,000)

DESCRIBE INCIDENT

GIVE POLICE REPORT NUMBER
(If vandalism or theft, police must be notified.)

DESCRIBE BUILDING AND/OR CONTENTS DAMAGE

SPECIAL INSTRUCTIONS

- MEMBERS SHOULD PROCEED WITH ANY EMERGENCY REPAIRS NEEDED TO PREVENT FURTHER DAMAGE.
- TWO ESTIMATES ARE REQUIRED FOR ALL NON-EMERGENCY REPAIRS, UNLESS PRIOR APPROVAL IS OBTAINED FROM CATHOLIC MUTUAL.
- SEND COMPLETED FORM TO REPORTCLAIM@CATHOLICMUTUAL.ORG OR FAX TO 402-551-2943. REPORTCLAIM PH# 800-228-6108 X2444
Section 5

Auto Loss/Glass Claim

Auto Endorsement/Changes
Vehicle Accident Reports and Auto Glass Claims

Claims for vehicle accidents and auto glass repairs are reported to Church Mutual. Reporting options are on the following page. Make sure that you have the Vehicle Accident Report information as completely filled out as you can prior to calling the accident in. A guideline form is attached to have filled out prior to contacting them. They will need to know all of that information.

At the scene, obtain as much information as possible.

Get a copy of the other party’s insurance card.

Get a copy of the police report.

Take pictures of any physical damage to vehicles and/or property.

Advise the other party that you will report the accident and a representative should contact them in the next 2 -3 business days.
Church Mutual

Claim Reporting Options

Telephone:
CMIC Claim Reporting Line 1-800-554-2642 Option 2

CMIC Fax 1-715-539-4651

CMIC Email claimsintake@churchmutual.com

Online Reporting https://www.churchmutual.com/

All vehicle endorsements/changes need to be reported directly to Tiara Hatfield at 563-888-4366 or hatfield@davenportdiocese.org

and

to Kris Westlake at 800-228-6108, ext. 2327 or kwestlake@catholicmutual.org.
If Kris is not available email the information to cporter@catholicmutual.org.
## VEHICLE ACCIDENT REPORT

<table>
<thead>
<tr>
<th>Driver:</th>
<th>Date of birth:</th>
<th>License #:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Vehicle:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vehicle Identification Number:</th>
</tr>
</thead>
</table>

### Accident Information

<table>
<thead>
<tr>
<th>Date:</th>
<th>Time:</th>
<th>City:</th>
<th>State:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street location:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Use reverse side if necessary.

### Other Vehicle(s)

<table>
<thead>
<tr>
<th>Year/Make/Model:</th>
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### Witness / Passengers

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### Other Property Damage

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Use the reverse side if necessary.

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Driver Signature: ____________________________ Date: _______________________
Section 6

Cyber Insurance
Cyber Loss

Insurer: Beazley

Policy #: V2B903200101

A cyber claim is to be reported as soon as possible. Please contact Tiara Hatfield at hatfield@davenportdiocese.org or 563-888-4366.

There is a $3,000,000 aggregate with a $50,000 retention. If the claim involves legal, there is a $5,000 deductible with a $10,000 retention.
Section 7

Requirements for driving for the Diocese, School or Parish
Diocese of Davenport

Requirements and Agreement to
drive personal vehicle on diocesan, school and/or parish business

If you would like to drive your personal vehicle anytime during the year for a diocesan, school and/or a parish function you are required to:

- Maintain insurance coverage in compliance with the Diocesan requirements
- Attach a copy of your current insurance declaration page, showing effective dates
- Maintain the proper vehicle registration
- Sign the bottom of this form
- Attach a readable copy of your current valid driver’s license
- Keep your VIRTUS training current (if a volunteer with minors or if an employee)
- Keep diocesan, school and/or parish driver required forms current
- Keep your driver’s license current

These documents will be kept on file with the Diocese, school and/or parish office or head of the youth function for one year. This will need to be repeated annually.

NOTE: If at any time during the current year there are changes to your driver’s license or insurance coverage you must provide the Diocese, school and/or parish with updated copies.

NOTE: The vehicle owner’s insurance policy is always primary. This is not a diocesan policy. It is simply legal reality. The vehicle owner’s policy will be called upon first to pay any claims that arise.

The minimum, acceptable liability limit for privately owned vehicles is:

$300,000 bodily injury for each accident/$100,000 property damage liability

OR

$250,000 combined single-limit liability for each accident

DRIVER INFORMATION (please print legibly)

Name:__________________________________________________________

Date of Birth:_________________________ Phone #:_________________________

Address:________________________________________________________

City:_________________________ State:________________ Zip Code:____________

Driver’s License #:______________________________________________

State License Issued In:_________________________ Date of Expiration:_________________________

Valid for Bus Driver (yes or no):___________________________

CERTIFICATION

I authorize the Diocese of Davenport to obtain a copy of my driving record if needed. I understand that as a driver (employee or volunteer) for the Diocese, school and/or parish, that I must be 21 years of age or older, possess a valid driver’s license, and have the proper and current license. I understand that I must have the required insurance coverage in effect on any vehicle used to transport participants of the event.

Signature:________________________________ Date:_________________________
Diocese of Davenport

Requirements and Agreement to
drive diocesan, school and/or parish vehicle, and leased vehicle

If you would like to drive anytime during the year for a diocesan, school and/or a parish function you are required to:

- Sign the bottom of this form
- Attach a readable copy of your current driver’s license
- Keep your VIRTUS training current (if a volunteer with minors or if an employee)
- Keep diocesan, school and/or parish driver required forms current
- Keep your driver’s license current

These documents will be kept on file with the Diocese, school and/or parish office or head of the youth function for one year. This will need to be repeated annually.

NOTE: If at any time during the current year there are changes to your driver’s license you must provide the Diocese, school and/or parish with updated copies.

DRIVER INFORMATION (please print legibly)

Name:________________________________________________________

Date of Birth:_________________________ Phone #:_________________________

Address__________________________________________________________

City:________________________________ State_______ Zip Code____________

Driver’s License #:______________________________________________

State License Issued In:_________________________ Date of Expiration:______________

Valid for Bus Driver (yes or no):________________________

CERTIFICATION

I authorize the Diocese of Davenport to obtain a copy of my driving record if needed. I understand that as a driver (employee or volunteer) for the Diocese, school and/or parish, that I must be 21 years of age or older, possess a valid driver’s license, and have the proper and current license.

Signature:_________________________________________ Date:____________________________
MEMORANDUM

TO: Diocese of Davenport
   Locations with Automobile Coverage

FROM: Kris Westlake
    Senior Account Manager

DATE: June 26, 2019

RE: Driver Information

Part of managing the auto insurance program for the diocese on behalf of Church Mutual Insurance Company (CMIC) necessitates the collection of confidential driver information for individuals who are driving parish/location owned vehicles. This information is needed in order to obtain a motor vehicle record (MVR) on each driver. Catholic Mutual takes your privacy very seriously and, as such, has evaluated our processes and procedures to ensure that we are managing your personal information in the most secure manner. Moving forward, rather than submitting your driver information via USPS or email, we will be utilizing our platform, CMGConnect.org in order to securely collect this data. Each driver will be required to log in, view a 12 minute safety video and complete an MVR check approval form.

Enclosed you’ll find instructions which will assist with accessing CMGConnect and walking through the required steps to create a user account, complete the training and fill out the driver questionnaire. This process will have to be repeated for each driver every five years. There is no cost to you or the Diocese for this service.

To note: Each location will need to assign one person to manage approved drivers. This person must send their username to cmgconnect@catholicmutual.org to request Driving Coordinator access. The guide to navigating CMG Connect will be located under the Resources tab of your updated sign-on.

Our goal is to ensure the privacy of our members as well as maintain our objective to protect our members. Our hope is that working through the curriculum will result in mindful driving, fewer accidents and safer ministry. If at any point you have questions about this new program, please contact me by email at kwestlake@catholicmutual.org or by phone at 800-228-6108, ext. 2327. If you have questions specific to the CMGConnect process, please contact one of the CMGConnect team members at:

CMGConnect
Toll Free: (800) 228-6108
cmgconnect@catholicmutual.org

Thank you!

Section 7 Requirements for Driving: 7-8-19
Step 1: Accessing CMG Connect

Go to https://Davenport.CMGconnect.org/ to register for an account. Complete the three pages of “Register for a New Account” — basic account information, personal, and affiliation. Complete all required

Select the “Driver” participation category on the last step, in addition to any other selections that describe your role at your primary location. This allows the platform to automatically assign the correct training(s).

If you are unsure of what category to select, please contact your diocese.

If you completed training in the past, you may already have an account. Log in with your previous username and password by clicking the green “Sign in Here” button at the top right of the page.

If you cannot remember your password, click ‘Forgot Password’. If your email address is not recognized or you do not have an email address in the system, contact cmgconnect@catholicmutual.org to request a password reset.

If you are responsible for managing approved drivers, please send your username to cmgconnect@catholicmutual.org to request Driving Management access. Your guide to navigating CMG Connect as an administrator will be available by clicking Resources on the left side of the screen in your updated account.
Step 2: Locate and Start Trainings

Once you have completed the registration process, you will be directed to your dashboard. Click "Start Curriculum" to begin. **Note: Available curriculums will vary based on the participation category you selected when registering. To update, click 'Edit Profile' and select applicable categories.**

To view other Optional Training Curriculums, click the yellow arrow.

Step 3: Complete Training

Watch the training video, acknowledge diocesan policies, fill out the driver questionnaire, and submit your MVR check via the curriculum.

Each training page will be marked 'Done' as you progress.

Step 4: Access Certificate

After your MVR has been reviewed and approved, you will be able to log back in to the system to access your completion certificate. Locate your completed curriculum and select the gray 'Download Certificate' button.

**https://Davenport.CMGconnect.org/**

**ATTENTION:** If you are responsible for managing approved drivers, please send your username to cmgconnect@catholicmutual.org to request Driving Coordinator access. Your guide to navigating CMG Connect will be located under the Resources tab of your updated account.
CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFER 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).

PRODUCER 402-551-7865 402-551-2943
C.M.G. Agency, Inc
10843 Old Mill Road
Omaha, NE 68154

INSURED
Diocese of Davenport
780 West Central Park Avenue
Davenport, IA 52804-1901

CONTACT NAME: C.M.G. Agency
PHONE (Ac., No. Ext.): 402-551-7865 FAX (Ac., No.): 402-551-2943
E-MAIL ADDRESS: dmsuil@catholicmutual.org

INSURER(S) AFFORDING COVERAGE
INSURER A: Church Mutual Insurance Company

COVERAGES
CERTIFICATE NUMBER: 0342971-09-127955
REVISION NUMBER: 07/12/2020

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.

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COMBINED SINGLE LIMIT (Per occurrence) $1,000,000

BODILY INJURY (Per person) $1,000,000

BODILY INJURY (Per accident) $1,000,000

PROPERTY DAMAGE

PER ACCIDENT $1,000,000

AGGREGATE $1,000,000

WORKERS COMPENSATION

Y/N

E.L. EACH ACCIDENT $1,000,000

E.L. DISEASE - EA EMPLOYEE $1,000,000

E.L. DISEASE - POLICY LIMIT $1,000,000

$100 Deductible

$250 Deductible

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Coverage is verified for the Diocese of Davenport's short term rentals as required by contract.

CERTIFICATE HOLDER

Loss Payee

Enterprise Rent-A-Car
Enterprise Leasing
4437 Brady St.
Davenport, IA 52806

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

C.M.G. Agency, Inc.
**Certificate of Liability Insurance**

**Producer:** C.M.G. Agency, Inc  
10843 Old Mill Road  
Omaha, NE 68154

**Insured:** Diocese of Davenport  
780 West Central Park Avenue  
Davenport, IA 52804-1901

**Certificate Number:**  
**Revision Number:**

**Coverage Details:**

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**Description of Operations/Locations/Vehicles:**

Enterprise Holdings, Inc., its subsidiaries, affiliated companies, limited liability companies and EAN Trust are included as Additional Insured and Loss Payee with respect to the Auto Policy, regarding any short-term rented vehicle, only as required by contract, subject to the terms and conditions of the policy. Comprehensive Deductible is $100, Collision Deductible is $250, Physical Damage coverage limit is Actual Cash Value of the vehicle. The insurance company will endeavor to mail 30 days prior notice to the certificate holder in event of cancellation or non-renewal.

**Certificate Holder:**  
**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:**

C.M.G. Agency, Inc.
CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFER 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).

-producer
C.M.G. Agency, Inc
10843 Old Mill Road
Omaha, NE 68154

-INSURED
Diocese of Davenport
780 West Central Park Avenue
Davenport, IA 52804-1901

-COVERAGES

INR. LTR. TYPE OF INSURANCE

COMMERCIAL GENERAL LIABILITY

CLAIMS-MADE
OCCUR

GENL AGGREGATE LIMIT APPLIES PER:
POLICY
PROJ
LOC

OTHER

CERTIFICATE NUMBER:

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 CONDITIONS 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.

INR. LTR. TYPE OF INSURANCE

COMMERICAL GENERAL LIABILITY

CLAIMS-MADE
OCCUR

POLICY NUMBER

POLICY EFF (MM/DD/YYYY)

POLICY EXP (MM/DD/YYYY)

LIMITS

EACH OCCURRENCE $3

DAMAGE TO RENTED PREMISES (Ex occurrence) $3

MED EXP (Any one person) $3

PERSONAL & ADV INJURY $3

GENERAL AGGREGATE $3

PRODUCTS - COMPOUND $3

AUTO LIABILITY

B

ANY AUTO

OWNED AUTOS ONLY

NON-OWNED AUTOS ONLY

SCHEDULED AUTOS

UMBRELLA LIABILITY

EXCESS LIABILITY

DED RETENTION $3

PER STATUTE

OTHER

Y/N

N/A

E.L. EACH ACCIDENT $3

E.L. DISEASE - EA EMPLOYEE $3

E.L. DISEASE - POLICY LIMIT $3

0342971-09-127955

07/01/2020

07/01/2021

$100 Deductible

$250 Deductible

COMBINED SINGLE LIMIT (Per accident) $1,000,000

BODILY INJURY (Per person) $3

BODILY INJURY (Per accident) $3

PROPERTY DAMAGE

(Per accident) $3

EACH OCCURRENCE $3

AGGREGATE $3

Mandatory in NH

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Coverage is verified for the Diocese of Davenport's short-term rentals as required by contract.

CERTIFICATE HOLDER

CANCELLATION

Loss Payee

U-Haul

1012 Spruce Hills Dr.

Bettendorf, IA 52722

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

C.M.G. Agency, Inc.
Section 8
Parish/School Facility Use and Rental
Options for Using Parish and/or School Facilities

Option 1

Generally, if you can answer yes to all the following questions, you do not need to rent the facility. Your event is considered a parish/school sponsored or affiliated event and you are covered by Diocese of Davenport/Parish/School insurance plan.

1. Did the parish have full control over the group or function?
2. Did any costs or fees associated with the function flow through parish accounts?
3. Was the function or group open to all parish members?
4. Was the purpose of the function or group to facilitate learning, raise revenue for the parish or provide a social service on behalf of the parish?
5. Was the teacher or leader of the group a parish volunteer or employee?

Please note that receptions for baptisms and funeral luncheons are considered parish sponsored events and additional insurance is not needed.

Option 2

Using your own personal insurance

Once the event is considered to be a non-parish or non-school sponsored event, and if you chose to use your own insurance you need to:

Complete and/or submit to the parish/school prior to the event:
   1. Rental agreement
   2. Facility Usage/Indemnity Agreement
   3. Certificate of liability insurance showing a minimum of $1,000,000 general liability coverage and name the Diocese of Davenport as an additional insured.
Option 3
Special Events Liability Program
(called Third Party Special Events coverage)

This information can also be found on the Catholic Mutual Group website: www.catholicmutual.org

Login: 0950dav    Password: service

This is an option for an individual to purchase this plan to use diocesan facilities when the renter does not have their own insurance to cover the activity and cannot include the Diocese and parish/school as additional insured.

Limits: $1,000,000 per event
Deductible: None
Premium Charge: $95 per event

Coverage Highlights:
Host Liquor Liability; Bodily Injury and Property Damage Liability

Most non-parish sponsored events would be covered, examples are:

- Wedding Receptions
- Family Reunions
- Banquets
- Fundraisers
- Baby Showers
- Birthday Parties
- Christmas Parties
- Wedding Showers
- Girl Scouts
- Boy Scouts
- Knights of Columbus
- American Legion
- Similar organizations (to the 3 named previously) that use facilities for meetings or fundraisers
Exclusions for Third Party Special Events Coverage:

- Bodily injury to employees
- Motor sport racing
- Athletic participants
- Rock bands
- Fireworks/pyrotechnics
- Damage to animals
- Events involving more than 1000 people (additional charges apply)
- Events where admission is charged unless all proceeds go to charity
- Events involving amusement devices or trampolines
- Inflatables (additional charges apply)
- Carnivals
- Any event organized or run by a professional promoter
- Sporting events including camps and tournaments
- Events involving pool or lake activities
- Events involving recreational vehicles
- Political rallies
- BYOB (bring your own bottle) events
- Rap/Hip-Hop/Alternative music (non-religious bands)

If you determine you wish to use the Special Events coverage, it is handled directly through Catholic Mutual (Kris Westlake, 800-228-6108, ext. 2327, kwestlake@catholicmutual.org).

Complete and submit to the parish/school three (3) weeks prior to the event:
1. Application for Special Events Coverage
2. $95 check made payable to the parish/school
3. Lease Agreement.
4. Upon receipt above the parish/school will mail to Catholic Mutual the Application and payment.
Diocese of Davenport School/Parish Facilities Rental Agreement

Parish/School __________________________ “Parish/School, we, us, our” as follows in this agreement
Renter __________________________ “You, Your, renter(s)”, as follows in this agreement
Effective ________________

Description and Address of rented property

Our facilities are available for use by registered and contributing members of our parish at the discretion of the pastor. Our facilities are also available to non-parish members. All use of our facilities is subject to prior approval of the pastor, including events sponsored by parish organizations. No rental requests will be considered for any purpose or event that is contrary to the beliefs and teachings of the Catholic Church. Reservations are made with the parish secretary.

Funerals as well as events sponsored by parish organizations will be exempt from rental fees. Funeral functions will take precedence over any and all other events. Rentals on funeral days will necessarily begin after 2 pm. When scheduling an event, this funeral provision must be agreed to by the renter.

Rental Fees per event: (All rental fees are to be paid in full at the time of reservation)
- $__________ for parishioners with a $__________ refundable cleaning/security deposit
- $__________ for non-parishioners with a $__________ refundable cleaning/security deposit
- $__________ will be charged for a wedding reception, plus a $__________ refundable cleaning/security deposit.

Please make out two separate checks (one for the rental fee and for the deposit) payable to Parish/School. Rental fees will be deposited upon receipt (at the time the facilities are reserved). Deposits will be held until the rented area is inspected for cleaning and damage. Damages beyond ordinary wear will be assessed by the renter. Any damages beyond the deposit will be the financial responsibility of the renter. If the facilities are undamaged, cleaned properly to our satisfaction, and all tables and chairs are returned to their original space, the deposit will be returned to you provided you send a self-addressed, stamped envelope. Otherwise, your check will be destroyed.

Liability Insurance
Proof of insurance with the following limits and formats must be submitted by the renter with the rental agreement in the following amounts:

- If a business, non-profit or some other legal entity apart from an individual/family, a certificate of General Liability insurance naming Parish/School and The Catholic Diocese of Davenport as “additional insureds” with limits of at least $1,000,000.
- If an individual or family, proof of Personal Liability insurance with limits of at least $1,000,000
- Professional caterers must provide a certificate of insurance of at least $1,000,000 and name Parish/School and The Catholic Diocese of Davenport as “additional insureds”

Proof of insurance in the form required above MUST be submitted prior to use of church property.

Alcohol
If you plan to charge for alcohol in any direct or indirect* way, it can only be served if you hire a professional caterer with their own Liquor Liability coverage OR you obtain a short term liquor license and purchase a Liquor Liability insurance policy written for the day of the event in the name of the renter. In either case Parish/School and The Catholic Diocese of Davenport must be included as “additional insureds.” A copy of the Certificate of Liquor Liability Insurance and proof of the liquor license must be submitted prior to the event and is subject to approval of the pastor.

If you will not charge for liquor in any form, or advertise it will be served, proof of Liability insurance is sufficient.

*Note: Liquor Liability Insurance is needed if you are “in the business of selling or serving alcoholic beverages”. You are considered to be “in the business” if you advertise that alcohol will be served, or if there is any exchange of money. Donations are considered to be an exchange of money.
Smoking
Smoking is strictly forbidden anywhere on the premises.

Decorations
All renters are responsible for their own supplies-paper goods, coffee, dish cloths, dish soap, towels, etc. No nails, tacks, pins, tape, etc. are permitted on any wall or ceiling. If candles are used, great precaution is to be taken to make sure they are well secured in candleholders and carefully supervised while burning.

Supervision
Renters are responsible for supervising all guests (especially children) and any other persons attending the event for which the facilities are being used. No running inside the building is permitted. There will be no access to the church, gathering space or rooms outside the parish hall, kitchen and restrooms. All state, federal and local laws are to be followed by the renter and guests on all church property.

Weapons
No weapons are allowed on the premises.

Pets
No pets are allowed on the premises with the exception of service dogs.

Tables & Chairs
Setting up and taking down necessary tables and chairs is the responsibility of the user. Everything must be put back as it was prior to renter’s set up (see layout attached and posted on kitchen bulletin board). Failure to comply will result in the loss of the rental deposit.

Cancellation Policy
Reservations may be cancelled until 60 days before the reserved date for full refund of rental fee. Reservations cancelled between 30 and 60 days before scheduled event will receive a 50% return of rental fee. There will be no refunds for cancellations less than 30 days before the reserved date.

I hereby acknowledge receipt of and agree to all of the terms of this Rental Agreement, including the above Hold Harmless/Indemnity Provisions:

By: ________________________________   Date:____________________
   (Signature of Renter and title if applicable)

Approved by: ___________________________

Please keep a copy for your records and to refer to for the day of the event. Return two signed and dated copies to the parish office with all of the aforementioned documentation required for your event.

__ Proof of Insurance (Cert or copy of DecPage)   __ Proof of Liquor Liability Insurance (if necessary)
__ Parish/School and Diocese Additional Insured   __ Proof of Caterer’s coverage and Additional Insured
FACILITY USAGE/INDEMNITY AGREEMENT

PARISH: ___________________________________________________________________

PARISH is understood to include the Arch/Diocese of ____________________________

FACILITY USER: ___________________________________________________________________

DATES OF FACILITY USAGE: ___________________________________________________________________

TYPE OF FACILITY USAGE: ___________________________________________________________________

The above named FACILITY USER agrees to defend, protect, indemnify and hold harmless the above named PARISH against and from all claims arising from the negligence or fault of the above named FACILITY USER or any of its agents, family members, officers, volunteers, helpers, partners, organizational members or associates which arise out of the above identified FACILITY USAGE at the above named PARISH.

FACILITY USER agrees to provide a certificate of insurance to the PARISH, which provides evidence of general liability coverage of not less than one million dollars ($1,000,000) per occurrence. FACILITY USER also agrees to have the PARISH named as an “Additional Insured” on its general liability policy for the DATE(S) OF FACILITY USAGE in relationship to the TYPE OF FACILITY USAGE for claims which arise out of FACILITY USER’S operations or are brought against the PARISH by FACILITY USERS’ employees, agents, partners, family members, students, customers, function attendees, guests, invitees, organizational members or associates. FACILITY USER also agrees to ensure that its liability insurance policy will be primary in the event of a covered claim or cause of action against PARISH.

If FACILITY USER fails to comply with the above (second) paragraph, then the above named FACILITY USER agrees to protect, defend, hold harmless and fully indemnify the above named PARISH for any claim or cause of action whatsoever arising out of or related to the usage which takes place during the above identified DATE(S) OF FACILITY USAGE that is brought against the PARISH by the above named FACILITY USER or its employees, agents, partners, family members, students, customers, function attendees, guests, invitees, organizational members or associates, even if such claim arises from the alleged negligence of the PARISH, its employees or agents, or the negligence of any other individual or organization. This paragraph does not relieve FACILITY USER’s responsibility to comply with the above (second) paragraph.

If any sentence or paragraph of this agreement is held invalid, it is agreed that the balance thereof, shall continue in full legal force and effect.

SIGNED BY: ___________________________________________________________________
(Must be an official agent of FACILITY USER)

NAME (Please print): ___________________________________________________________________

DATE: ___________________________________________________________________
HOW DO I COMPLETE AND PROCESS THE THIRD PARTY SPECIAL EVENTS APPLICATION FORM?

The application form should be completed in full and must include the following information:

1. Name of Parish or Institution – Please include the name, address and phone number of the parish or facility where the event will be held.
2. Lessee Information (additional insured) – Please include the name of the individual(s) or organization holding the non-parish sponsored event.
3. Lessee (additional insured) Contact Person – Please indicate the name, address, and telephone number of the person primarily responsible for the activity.
4. Type of Activity – Please provide a brief description of the activity including the date, time, approximate number of participants, whether or not food and/or liquor is being served.
5. Processing the Completed Application – One copy of the application should be given to the lessee, another retained for your records, and a third submitted to Catholic Mutual. The original application should be submitted at least 15 business days prior to an event. The copy mailed to Catholic Mutual should be accompanied by a $95 check issued from your Church or School and made payable to Catholic Mutual. Failure to submit a check from the Church or School account will delay the approval process of the event.

Any questions regarding the completion or processing of the application should be directed to Catholic Mutual.

ARE THERE RISK MANAGEMENT GUIDELINES TO ASSIST MY PARISH IN ALLOWING OUTSIDE USE OF ITS FACILITIES?

Risk Management Guidelines are available to assist your parish in allowing outside organizations to use your facilities. Please contact Catholic Mutual’s Risk Management Department at (800) 228-6108 for further information.
DIOCESE OF DAVENPORT (#0853)
APPLICATION FOR SPECIAL EVENTS COVERAGE

Coverage Limit: $1,000,000 Combined Single Limit Bodily Injury and Host Liquor Liability, $500,000 Property Damage Liability. Includes $100,000 for Defense Costs for Sexual Misconduct, excluding overnight events (see below for purchase options).
Coverage provided is per event (not per claim). Submission of application does not bind coverage - all events are subject to approval.
Coverage underwritten by Nationwide Mutual Insurance Company; Policy No. on file with C.M.G. Agency, Inc.

Cost of Coverage: $95 Per Event (Overnight Stays - $125)

TO AVOID DELAY OR DENIAL OF COVERAGE, PLEASE ENSURE THAT EVERY FIELD IS COMPLETED.

Name of Parish or Institution: ____________________________

Street (Physical Address) (NO P.O. BOXES):
City/State: ______________________ ZIP Code: __________

Phone No.: ____________________________

Lessee (Additional Insured) Information:
Name of Sponsoring Organization or Individual Requesting Coverage ____________________________

(Please Print Lessee Name(s) or Organization)

Lessee (Additional Insured) Contact Person:
Name: ____________________________________________
Street Address: ____________________________
City/State: ______________________ ZIP Code: __________
Telephone: ____________________________

To receive approval notification please print e-mail(s):
(Please Print E-mail(s) Clearly)

Date of Event: ____________________________

Type of Special Event (Example: wedding reception, anniv. party, etc. If it's a FUNDRAISER, be specific about what is occurring):

Time of Event: From ______ To ______

Is this an overnight event? ______ Yes ______ No

Approx. Number of Participants: ______

Is Food Being Served? ______ Yes ______ No

Is Liquor Being Served? ______ Yes ______ No

If liquor is to be sold (or cost included in ticket price) and/or a license or permit is required in order for you to serve or furnish alcohol, you must obtain LIQUOR LIABILITY coverage by separate application.

Does this event require the additional coverage? ______ Yes ______ No

To Note: If liquor liability coverage is NOT purchased and an alcohol related claim results, the claim will be excluded if it is determined that a liquor liability policy should have been purchased.

DEFENSE COSTS FOR SEXUAL MISCONDUCT FOR OVERNIGHT EVENTS - $100,000 LIMIT

Coverage does not automatically apply for overnight events, however, you have the option to purchase this coverage by separate application.

Additional charges will apply.

Does this event require additional coverage? ______ Yes ______ No

ADDITIONAL CHARGES WILL APPLY FOR:

• Events which exceed 3 days in duration (charge TBD)
• Inflatable Amusement Device (Must be pre-approved, picture required. Minimum charge of $100 per inflatable applies; each device is underwritten; charge is determined by size and potential risk.)
• Events that exceed 1,000 in attendance (charge TBD)

COMPLETE AND RETURN THIS FORM AND PAYMENT TO:
CATHOLIC MUTUAL GROUP
ATTN: MEMBER SERVICES DEPT.
10843 OLD MILL ROAD
OMAHA NE 68154
PLEASE MAKE CHECK PAYABLE TO: CATHOLIC MUTUAL GROUP
CHECK MUST BE FROM YOUR CHURCH OR SCHOOL. NO CHECKS FROM THE LESSEE WILL BE ACCEPTED.

IN THE EVENT OF A CLAIM, PLEASE CONTACT C.M.G. AGENCY CLAIMS DEPT: 800-228-6108

Section 8  Parish/School Facility Use and Rental: 10-1-18
Adult Hold Harmless/Indemnity Agreement

These are examples of events that would necessitate the signing of the Adult Hold Harmless/Indemnity Agreement on the next page.

Catholic Mutual. . ."CARES"

ADULT HOLD HARMLESS/INDEMNITY AGREEMENT

Ideally, individuals utilizing parish premises for activities that are neither parish sponsored nor affiliated, should be providing the parish with a certificate of insurance naming the parish and the Arch/Diocece as an additional insured. However, in certain instances when groups or individuals do not have insurance, the Adult Hold Harmless/Indemnity Agreement can be used. The Adult Hold Harmless/Indemnity Agreement has not been designed to be a replacement for insurance, but has been developed only for certain situations. Specifically, the Adult Hold Harmless/Indemnity Agreement must be utilized for the following situations that are often encountered by parishes:

1. **Adult Athletic Participation** - Adults who use or rent the parish gym for “non-parish sponsored” basketball or volleyball must sign the Adult Hold Harmless/Indemnity Agreement. It is not adequate to have one representative of a sports group sign an agreement. Each individual must sign an agreement for the contracts to be valid. Please note that a new agreement does not have to be obtained for each usage of the gym if the gym is being utilized on a seasonal basis. Instead, the parish may obtain one signed agreement per individual, per season.

2. **Craft Fairs** - Considering that a parish craft fair usually involves a large number of craft vendors, it is impossible to obtain a certificate of insurance from each vendor. Instead, an Adult Hold Harmless/Indemnity Agreement should be distributed with the craft vendors’ registration material for the vendor to sign. A craft vendor who does not sign an Adult Hold Harmless/Indemnity Agreement should not be allowed to participate in your parish’s craft fair.

3. **Other Small Groups** - In rare instances, the Adult Hold Harmless/Indemnity Agreement can be used for very small groups that do not have liability insurance. Similar to the adult athletic participation, in these cases an Adult Hold Harmless/Indemnity Agreement must be obtained from each individual of each group who utilizes parish facilities. When dealing with large groups, it is not feasible to have each group member sign an agreement. Considering this, large groups must sign the Facility Usage/Indemnity Agreement, which requires insurance.

The Adult Hold Harmless/Indemnity Agreement is a legal contract between your parish and the individual who signs the agreement. The agreement will effectively bar the signer of the agreement from making a claim against the parish. Please note that the Adult Hold Harmless/Indemnity Agreement is only valid when the signer is at least 18 years of age. The parish should not alter the agreement in any way as an alteration could result in nullifying the legality of the agreement. Original copies of signed Adult Hold Harmless/Indemnity Agreements should be kept in parish files for at least two years. Injuries and accidents are often not promptly reported, necessitating the need for original copies to be maintained.
ADULT HOLD HARMLESS/INDEMNITY AGREEMENT

PARISH: ________________________________
(PARISH is understood to include the Arch/Diocese of ________________________)

ACTIVITY PARTICIPANT OR FACILITY USER: ________________________________

DATES OF ACTIVITY OR USAGE: ________________________________

TYPE OF ACTIVITY OR USAGE: ________________________________

The above named ACTIVITY PARTICIPANT OR FACILITY USER agrees to defend, protect, indemnify and hold harmless the above named PARISH against and from all claims arising from the negligence or fault of the above named ACTIVITY PARTICIPANT OR FACILITY USER which arise out of the above named ACTIVITY OR USAGE at the above named PARISH.

Additionally, the above named ACTIVITY PARTICIPANT OR FACILITY USER agrees to protect, defend, hold harmless and fully indemnify the above named PARISH for any claim or cause of action whatsoever arising out of the above mentioned ACTIVITY OR USAGE which takes place during the above identified DATE(S) OF ACTIVITY OR USAGE that is brought against the PARISH by the above named ACTIVITY PARTICIPANT OR FACILITY USER or their family members whether such claim arises from the alleged negligence of the PARISH, its employees or agents or ACTIVITY PARTICIPANT or FACILITY USER’S negligence. If any portion of this agreement is held invalid, it is agreed that the balance thereof, shall continue in full legal force and effect.

SIGNED BY: ________________________________

NAME (Please Print): ________________________________

DATE: ________________________________

ADUHH (12/10)
Section 9

Boiler Inspections
Effective 7/01/18, Travelers BoilerRE provides the Boiler and Machinery coverage in conjunction with Catholic Mutual Group, as part of the Catholic Mutual policy.

Travelers BoilerRE, on behalf of Catholic Mutual Group, will perform all operational safety Jurisdictional inspections on boilers and pressure vessels required by local/state law.

If you receive an inspection request, please contact Travelers' Boiler RE Engineering Hotline at the number or email below. Please be prepared to provide your location address and contact information. Note: while the automated attendant requests a policy number, it is not required.

Phone: 800-425-4119
Fax: 877-764-9535
Email: Boilinsp@Travelers.com

If you need help or further assistance, please feel free to contact your Member Services Representative at Catholic Mutual, Kris Westlake. Kwestlake@catholicmutual.org phone 1-800-228-6108 ext. 2327

If you have a loss/damage claim involving a boiler please follow normal procedures and contact Catholic Mutual - do not report the claim directly to Travelers BoilerRE.
Section 10

Employment Practices Liability
Employment Practices Liability

Claims Made Form

Insuring Company: Catholic Mutual Group

Each Occurrence Limit $1,000,000
Aggregate Limit (applies per certificate holder) $1,000,000
Deductible 20% Coinsurance subject to max of $25,000

Retroactive date July 1, 2015

Coverage for claims first made against you (subsequent to the Retroactive Date) and reported during the policy period, arising out of employment related practices, such as:

- Wrongful termination
- Refusal to employ
- Demotion
- Evaluation
- Discrimination
- Violation of Civil Rights with respect to race, color, religion, gender, age, sexual orientation, physical or mental condition
- Harassment

In order for coverage to apply, each termination must be subject to a “professional review”.

Contact Tiara Hatfield, hatfield@davenportdiocese.org, and she will submit the information you give her for the reasons for the termination to an outside group of Human Resource lawyers who will respond to the circumstances of the termination, performance review, discrimination and more. A response is received within 24 hours of the information being submitted to the lawyers.
Section 11
Request for Certificate of Insurance
Request for Property and/or Liability Certificate

Completing the Form

• Providing all requested information ensures a timely receipt of the Certificate of Insurance.

• Always include a copy of the agreement/contract (preferably unsigned) when additional insured status is required.

• Agreements and contracts will be reviewed for any unfavorable language and also verify the diocesan insurance program meets the types of coverage and limits of insurance required by contract. Allow 5-10 days for contract review.

• Submit request to address on form and attention to Kris Westlake.
REQUEST FOR PROPERTY AND/OR LIABILITY CERTIFICATE

DATE: ____________________

PARISH/LOCATION NAME: ____________________________________________

COMPLETE ADDRESS: _________________________________________________

IF A RENEWAL CERT, PLEASE GIVE FORM # FROM BOTTOM LEFT HAND CORNER: ____________________

DATE(S) OF EVENT: ____________________

EVENT: ____________________________________________________________

WHO IS REQUESTING CERTIFICATE?: ____________________________________________

IS THERE AN AGREEMENT OR CONTRACT (IF YES, PLEASE ATTACH): __________

DO THEY NEED TO BE NAMED ADDITIONAL PROTECTED PERSON(S)?: _____________

YES - CONTRACT ATTACHED

NO - VERIFICATION ONLY

SPECIAL INSTRUCTIONS: ________________________________________________

MAILING INSTRUCTIONS: ______________________________________________

FAX/E-MAIL INFORMATION, IF APPLICABLE: ________________________________

PROPERTY CERTIFICATE: (PLEASE ATTACH LEASE AGREEMENT)

LOSS PAYEE/MORTGAGEE NAME: __________________________________________

ADDRESS: __________________________________________________________

DESCRIPTION OF PROPERTY: __________________________________________

PROPERTY VALUE: ___________________________________________________

LEASE TERM: _________________________________________________________

FOR INTERNAL USE ONLY: _______________________________________________
Section 12

Contract Review
Your parish/school will be asked to enter into contractual obligations at various times throughout the year. In some cases, those obligations transfers risk to your insurance program. These transfers are not always allowed by your insurance company. These contracts need to be reviewed to see if we can make the specific changes to bring us into compliance and/or get the necessary paperwork to comply or have others comply with indemnity clauses.

Before you enter into any contract, contact us so we can have our agents review the insurance provisions in the proposed contract.

They will summarize and communicate the significant insurance obligations.

They will confirm what our insurance will provide or not provide.

Our insurance coverage is subject to the terms, conditions, exclusions and other provisions of the policies and any applicable regulations, rating rules or plans.

Please contact Tiara Hatfield at 563-888-4366, hatfield@davenportdiocese.org and she will start the request process for a contract review by one of our agents.
Section 13

Liquor Liability
LIQUOR LIABILITY

We realize that obtaining liquor liability for events that include alcohol can be a confusing process. We would like to give you a brief outline of who needs this extra coverage and how to get it.

Liquor Liability is needed if you are “in the business of selling, serving, or furnishing alcoholic beverages.” Our experience has been that you are considered as “in the business of” if you advertise that alcohol will be served (either on promotional posters or the admission tickets) or if there is any exchange of money (“donations” are considered exchange of money) for the alcohol. Your city or county officials should determine if your event requires a liquor license.

A license from the State of Iowa is needed if the above applies to the event. Liquor license applications are now completed online at www.iowaabd.com

The website will guide you through the online liquor license application process. There are two particular parts of the online application that seem to be confusing. The application asks for Name of Applicant. **This should always be the corporate name of your church or school, not the person completing the application.** The next line is “DBA” (abbreviation for “doing business as”). You may enter the name of your event or simply input your corporate name again. The effective date should always be the first day that alcohol will be served on your premises in conjunction with the event. Send a copy of this application along with your liquor liability application to Catholic Mutual Group.

A few things to note when completing your online application with the Iowa ABD:

- The effective/expiration dates on the dram certificate **must** match the liquor license. This will determine the effective dates of the policy.
- Typically a short term liquor license will be issued for 5 days even if the event itself is 2; the short term policy effective dates will reflect the license dates.
- **The name and location of the event in which you apply on the Iowa ABD website must match verbatim what you use on the application.** This is how the company will be able to approve your dram certificate so you are able to obtain the liquor license. **If the names do not match a Service Fee of $150 will apply.**
- **The Diocese of Davenport requires minimum limits of $500,000/$500,000 (effective December 18, 2019). This is reflected on the application.**

The online license application asks for the name of the insurance carrier providing the liquor liability (or dram shop) coverage. Please enter **Illinois Union Insurance Company (Westchester)** as the insurance carrier. If changes need to be made to the online license application after completing it initially – you may contact the Iowa ABD at 866 – 469- 2223, select option 1 or 515-281-7400, select option 1 and they should be able to amend this for you.
After you have completed the *online* Liquor License application successfully, the website site will indicate that your application is “approved pending dram insurance”. At this point, please contact Kris Westlake at Catholic Mutual for a Liquor Liability Insurance application.

Phone: 800-228-6108, ext. 2327 Email is: kwestlake@catholicmutual.org

An application for Liquor Liability Insurance (Dram) must be submitted *before* the Liquor Insurance and Liquor License can be issued. The application asks questions about the event, such as how many people attend, the average age group, what type of event, the hours of the event and the type and quantity of alcohol being served. Return the completed application to Kris Westlake at Catholic Mutual. Kris will obtain the insurance coverage at this point from the insurance carrier *Illinois Union (Westchester)* and will let you know the premium. Please include with your application the “need by date” to present this information to your city/county officials for their approval.

When the insurance is in place, your license will be approved and the certificate will be issued online with the Iowa Alcoholic Beverages Division, usually within 7 business days.

Please do not hesitate to contact our office with any questions you may have.
Special Event Product Application

GENERAL APPLICANT INFORMATION:

Applicant's name: ____________________________________________

Location address for event: ______________________________________

City: __________________________ State: __________ Zip: __________

Mailing address: __________________________ City: __________________________ State: __________ Zip: __________

Name of primary contact: __________________________ Email address of primary contact: __________________________

Phone number: ____________________________________________

TYPE OF EVENT:

☐ Festival/Fair
☐ Concerts/Musical Event
☐ Convention/Trade Show
☐ Competition/Show
☐ Rodeo
☐ Fundraiser (describe): __________________________________________
☐ Other (describe): __________________________________________

☐ Parade
☐ Wedding
☐ Motor Vehicle Race/Show
☐ Beer Garden, Beer Tent
☐ Sporting Event/Tournament
☐ Theater Performance
☐ Party/Picnic/Social Event

Full description of event activities: __________________________________________

Describe applicant’s role or interest in event: __________________________________________

COVERAGE REQUESTED:

☐ General Liability and Liquor Liability
☐ General Liability Only
x Liquor Liability Only

DESERVED LIABILITY LIMITS:

☐ $300,000/$300,000
☐ $500,000/$1,000,000
☐ $1,000,000/$3,000,000
☐ $300,000/$600,000
☐ $1,000,000/$1,000,000
☐ $2,000,000/$2,000,000
☐ $3,000,000/$3,000,000
☐ $500,000/$500,000
☐ $1,000,000/$2,000,000

DATES OF EVENT: Start date _____/_____/_______ End date _____/_____/_______

Is Set-up coverage required? Yes ☐ No ☐
If yes, list dates __________________________________________

Is Takedown coverage required? Yes ☐ No ☐
If yes, list dates __________________________________________

Is Rain Date coverage needed? Yes ☐ No ☐
If yes, provide alternate date(s) for event: __________________________________________

Will event end after 2:00 am on any day? Yes ☐ No ☐
If yes, provide details: __________________________________________
UNDERWRITING ELIGIBILITY:
1. Any use of heavy machinery such as bulldozers, backhoes, cranes, excavators or similar equipment? Yes ☐ No ☐
2. Does event feature overnight camping, bonfires, swimming, boating, jet skis or on-water fishing? Yes ☐ No ☐

ADDITIONAL INSUREDS:

<table>
<thead>
<tr>
<th>Name</th>
<th>Interest</th>
<th>Mailing Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diocese of Davenport</td>
<td>Controlling Entity</td>
<td>780 W. Central Park Ave. Davenport, IA 52804</td>
</tr>
</tbody>
</table>

Is Primary and Non-contributory wording needed? Yes ☐ No ☐
If yes, list number of contracts needed: ________________________________

Is Waiver of Subrogation needed? Yes ☐ No ☐
If yes, list number of contracts needed: ________________________________

LOSS HISTORY:

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<tr>
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<th>Description of Loss</th>
<th>Open/Closed?</th>
<th>Amount</th>
<th>Reserve Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

GENERAL LIABILITY UNDERWRITING INFORMATION:
1. Estimated number of attendees per day ____________________________
   If applicant is operating an individual vendor booth, list estimated attendees expected at booth: __________
2. Does the event feature any of the following:
   a. Mechanical or carnival rides or devices? Yes ☐ No ☐
   b. Fireworks, firearms or pyrotechnics? Yes ☐ No ☐
   c. Haunted houses or hayrides? Yes ☐ No ☐
   d. Hot air balloon, helicopter or airplane rides? Yes ☐ No ☐
   e. Celebrities or high-profile attendees? Yes ☐ No ☐
   If yes, please list: ________________________________
3. Is security provided? Yes ☐ No ☐
   If yes, and security is provided by independent contractors, are they required to carry their own liability insurance? Yes ☐ No ☐
4. Will the event feature any medical or health screenings/treatment? Yes ☐ No ☐

LIQUOR LIABILITY UNDERWRITING INFORMATION:
1. Estimated number of attendees consuming alcohol per day ____________________________
2. Is the applicant an individual or business that regularly sells, serves or furnishes alcohol? Yes ☐ No ☐
3. Will the alcohol be sold or served by a professional bartender with formal alcohol server training? Yes ☐ No ☐
4. Will the applicant be selling alcohol at the event? Yes ☐ No ☐
5. Is self-service or BYOB (bring-your-own-bottle) permitted? Yes ☐ No ☐

ELIGIBILITY BY EVENT TYPE – complete if applicable: Wedding
1. Is applicant (who is hosting the wedding), in the business of selling, serving or furnishing alcohol and/or required to purchase a liquor license for the event? Yes ☐ No ☐
2. Is a caterer or professional bartender serving the alcohol at the event? Yes ☐ No ☐
3. Does applicant require coverage for a rehearsal dinner? Yes ☐ No ☐
   If yes, provide date: _____/_____/_____
Optional coverages (eligible wedding events only):

<table>
<thead>
<tr>
<th>Type Of Coverage</th>
<th>Limit Needed</th>
<th>Maximum Limit Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancellation or Postponement Coverage</td>
<td>$</td>
<td>$50,000</td>
</tr>
<tr>
<td>Photographs or Video Coverage</td>
<td>$</td>
<td>$10,000</td>
</tr>
<tr>
<td>Event Gift Coverage</td>
<td>$</td>
<td>$10,000</td>
</tr>
<tr>
<td>Damage to Wedding Attire ( $1,000 included automatically)</td>
<td>$</td>
<td>$10,000</td>
</tr>
<tr>
<td>Loss of Deposits ( $1,000 included automatically)</td>
<td>$</td>
<td>$10,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scheduled Jewelry Coverage Item</th>
<th>$</th>
<th>$10,000 total</th>
</tr>
</thead>
</table>

Concert/Musical Event
1. Check type of music featured:
   - ☐ Rock
   - ☐ Country
   - ☐ Hip-hop/Rap
   - ☐ Gospel
   - ☐ Heavy Metal
   - ☐ Folk/Cultural
   - ☐ Jazz/Blues
   - ☐ Orchestra
   - ☐ Other (describe): ____________________________

2. Are performers known on national level? Yes ☐ No ☐
3. List name(s) of performer(s): ________________________________________________

Sporting/Athletic Event
1. Describe type of event: _______________________________________________________
2. Does event involve professional athletes? Yes ☐ No ☐
   If yes, list the athletes’ names: ___________________________________________
3. Does event include an obstacle course, mud run, trail run or off-road course? Yes ☐ No ☐

Motor Vehicle Race, Rodeo, Tractor Pull or Truck Show
1. Is the venue designed specifically for this type of event? Yes ☐ No ☐
2. Are permanent barriers made from metal, concrete or similar material in place to protect spectators? Yes ☐ No ☐
3. List height of the barriers: ____________ feet
4. Are spectators permitted in the infield or pit areas? Yes ☐ No ☐
5. Will the event allow audience participation in the ring/infield? Yes ☐ No ☐
6. Does event include an obstacle course, mud run, trail run or off-road course? Yes ☐ No ☐
7. Does event feature drag racing, flame-throwing or burnouts? Yes ☐ No ☐

Car Show or Motor Vehicle Show
1. Do vehicles remain in stationary during the event? Yes ☐ No ☐
2. Does event feature drag racing, flame-throwing or burnouts? Yes ☐ No ☐
Fraud Warning Statements:

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO ARKANSAS, LOUISIANA, RHODE ISLAND AND WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent statement for payment of a loss or benefit or knowingly presents false information in an application in insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, the insurer may deny insurance benefits, if false information materially related to the claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of any insurance policy for commercial or personal insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal or civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files and application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against any insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS: Any person who knowingly and with intent to defraud an insurance company or another
person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**NOTICE TO VERMONT APPLICANTS:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**NOTICE TO TENNESSEE, VIRGINA AND WASHINGTON APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO ALL OTHER APPLICANTS:**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS INFORMATION FOR THE PURPOSE OF MISLEADING, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

Producer's name: CMG Agency, Inc.
Address: 10843 Old Mill Rd Omaha, NE 68154
Applicant's Signature: 
Title of Applicant: 
Date: 

Section 13
Liquor Liability: 7-31-20
Section 14

Certificate of Liability for
Knights of Columbus Events
**Certificate of Liability for Knights of Columbus Events: 7-31-20**

**Producer:** Holmes Murphy-Des Moines  
2727 Grand Prairie Pkwy  
Property Casualty/Select-DM  
Waukee, IA 50263

**Insured:** Knights of Columbus Iowa State Council  
915 S 15th St  
Centerville, IA 52544

**Certificate Number:** PHPK2128417  
**Policy Number:** PHUB720906  
**Policy Exp. (MM/DD/YYYY):** 07/01/2021

<table>
<thead>
<tr>
<th>INSURER</th>
<th>AFFORDING COVERAGE</th>
<th>NAIC #</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Philadelphia Indemnity Insurance Company</td>
<td>18058</td>
</tr>
<tr>
<td>B</td>
<td>Accident Fund General Insurance Company</td>
<td>12304</td>
</tr>
</tbody>
</table>

**Coverages:**

<table>
<thead>
<tr>
<th>Letter</th>
<th>Type of Insurance</th>
<th>Additional Insured</th>
<th>Policy Number</th>
<th>Policy Exp. (MM/DD/YYYY)</th>
<th>Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Commercial General Liability</td>
<td>CLAIMS-MADE</td>
<td>PHPK2128417</td>
<td>07/01/2020</td>
<td>$1,000,000</td>
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<tr>
<td>A</td>
<td>Automobile Liability</td>
<td>OWNED AUTOS ONLY</td>
<td>PHPK2128417</td>
<td>07/01/2020</td>
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<tr>
<td>A</td>
<td>Umbrella Liability</td>
<td>OCCUR</td>
<td>PHUB720906</td>
<td>07/01/2021</td>
<td>$1,000,000</td>
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<tr>
<td>B</td>
<td>Workers Compensation and Employers' Liability</td>
<td>Y</td>
<td>WCVG168868</td>
<td>07/01/2021</td>
<td>$500,000</td>
</tr>
</tbody>
</table>

**Description of Operations/Locations/Vehicles:**

Diocese of Davenport is an Additional Insured to the General Liability for Knights of Columbus functions only.

**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:**

[Signature]

**ACORD 101, Additional Remarks Schedule, may be attached if more space is required**

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