

**Request for Certificate of Insurance on behalf of the
Green Bay Diocese & Diocese Named Insured
(Includes parishes and various business entities)**

Use this form to request a certificate from an outside vendor/contractor/etc.

Parish Name	
Address	
Contact	
COI Request To	
Address	
Contact	

Request from your insurance a Certificate of Insurance with the following minimum requirements:

COMMERCIAL GENERAL LIABILITY: Additional Insured & Primary Non-Contributory, Waiver of Subrogation

General Aggregate		\$2,000,000
Products-Completed Operations Aggregate		\$2,000,000
Personal & Advertising Injury		\$1,000,000
Each Occurrence Limit		\$1,000,000
Fire Damage (any one fire)		\$100,000
Medical Expense		\$5,000

AUTOMOBILE LIABILITY:

Combined Single Limit	\$1,000,000 Total Limit
Split Limit Split Limit	\$500,000/\$1,000,000 Bodily Injury
Split Limit Split Limit	\$250,000 Property

WORKERS' COMPENSATION AND EMPLOYERS LIABILITY: Statutory: Wisconsin Waiver of Subrogation

Employers Liability Limits: Each Accident	\$100,000
Disease-Policy Limit	\$500,000
Disease-Each Employee	\$100,000

COMMERCIAL UMBRELLA LIABILITY:

Each Occurrence	\$1,000,000
Aggregate	\$1,000,000

COI to Include a **30 day notice of cancellation**

Example of required verbiage as indicated above:

(insert school/parish or Diocese business unit) and The Diocese of Green Bay are afforded **additional insured** status on a **primary non-contributory basis** with respects to the General Liability Policy. A **Waiver of Subrogation** is afforded to the (insert school/parish or business) and The Diocese of Green Bay with respects to the General Liability and Workers Comp policies. A **30day notice of cancellation** is afforded to (insert school/parish or business) and The Diocese of Green Bay.