

Certificate of Insurance Request

Parish Name	
Address	
Contact	
COI Request To	
Address	
Contact	

Re: Request for Certificate of Insurance

Please have your insurance carrier provide a **Certificate of Insurance** with the following minimum requirements:

COMMERCIAL GENERAL LIABILITY:

General Aggregate	
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

- **Parish / School Name AND Diocese of Green Bay**, must be listed as Additional Insureds on this policy on a primary & noncontributory basis.
- **Waiver of Subrogation**

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

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

- **Waiver of Subrogation**

COMMERCIAL UMBRELLA LIABILITY:

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

Policies shall provide a 30-day notice of cancellation, except 10-days for non-payment of premium.