

PLACE ON PARISH LETTERHEAD

[Insert contractor/service provider's full name]
[Insert contractor/service provider's business name]
[Contractor/Provider's address]
[Contractor/Provider's city], [Provider's state] [Provider's zip]

Re: Certificate of Insurance

Dear [Insert First Name]:

As a contractor or other service provider to *(insert name of parish or mission)*, we require that you provide us with evidence of insurance with the minimum requirements outlined below:

➤ **Commercial General Liability (Occurrence Form)**

- General Aggregate (Other than Prod/Comp Ops Liability) \$2,000,000
- Products/Completed Operations Aggregate \$2,000,000
- Personal & Advertising Injury Liability \$1,000,000
- Each Occurrence \$1,000,000
 - *(insert name of parish or mission)* named as Additional Insured
 - Waiver of subrogation in favor of *(insert name of parish or mission)*
 - Endorsement evidencing your insurance coverage is primary and non-contributory

➤ **Workers' Compensation and Employer's Liability**

- Workers' Compensation State Statutory Limits
- Employer's Liability
 - Bodily Injury by Accident \$1,000,000 each accident
 - Bodily Injury by Disease \$1,000,000 policy limit
 - Bodily Injury by Disease \$1,000,000 each employee
- Attach Alternate Employer Endorsement naming *(insert name of parish or mission)*

➤ **Automobile Liability** \$1,000,000 each accident

➤ **Umbrella Liability**

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

➤ **Third Party Crime Bond** \$100,000

The above coverages must be placed with an insurance company with an A.M. Best rating of A-:VII or better.

Please forward your certificate within 10 days to *(insert name and address of parish or mission)*.

Sincerely,