OP ID: SS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/25/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

If ti	SUI	BROGATION IS WAIVED, subject sertificate does not confer rights to	to tl	ne te	rms and conditions of th	e polic	cy, certain po	olicies may				
PRODUCER New Castle Insurance, LTD. 621 Delaware Street New Castle, DE 19720 Small Business Unit							CONTACT Small Business Unit PHONE (A/C, No, Ext): 302-328-6111 FAX (A/C, No): 302-322-3124 E-MAIL ADDRESS:					
							INSURER A : United States Liability				25895	
							INSURED Knights Of Columbus Gerald Safranski 449 Coldspring Run					
INSURER C:												
Newark, DE 19711						INSURER D:						
					INSURE	INSURER E :						
							INSURER F:					
COVERAGES CERTIFICATE NUMBER:							REVISION NUMBER:					
IN C	IDIC.	IS TO CERTIFY THAT THE POLICIES ATED. NOTWITHSTANDING ANY RE IFICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH	QUIF PERT	REME AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN' ED BY	Y CONTRACT THE POLICIE	OR OTHER I S DESCRIBEI	DOCUMENT WITH RESPECT TO	CT TO	WHICH THIS	
INSR LTR	SR TYPE OF INSURANCE			SUBR POLICY NUMBER			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3		
Α	Х	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000	
		CLAIMS-MADE X OCCUR			NPP3551790C		01/28/2019	01/28/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
									MED EXP (Any one person)	\$	5,000	
									PERSONAL & ADV INJURY	\$	1,000,000	
	GEI	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
		POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000	
	ΑU	OTHER: TOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ \$		
		ANY AUTO							BODILY INJURY (Per person)	\$		
		OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accident)	\$		
		HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
									·	\$		
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
		EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
		DED RETENTION \$								\$		
		RKERS COMPENSATION DEMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER			
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$		
		ndatory in NH) s, describe under							E.L. DISEASE - EA EMPLOYEE	\$		
	DÉS	SCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
DES	CRIP	TION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORE	D 101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is requir	ed)			
		FIGATE HOLDED				0411	2511 4 51011					
CERTIFICATE HOLDER DIOCESE							CANCELLATION					
Diocese of Wilmington Roman Catholic Diocese of Wilm							SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
1925 Delaware Ave wilmington, DE 19806						AUTHORIZED REPRESENTATIVE						
						Shannon Strawbiidse						

ACORD