



AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



### ADDITIONAL REMARKS SCHEDULE

Page \_\_\_\_ of \_\_\_\_

|   |           |   |  |
|---|-----------|---|--|
| AGENCY<br>Artex Risk Solutions, Inc. (CB) |           | NAMED INSURED<br>Brothers of the Christian Schools & Affiliates, Including<br>Loc. #: 1084001, SRS OF THE HOLY NAMES OF<br>JESUS & MARY US-ONTARIO PROVINCE<br>1205 Windham Parkway<br>Romeoville, IL 60446 |  |
| POLICY NUMBER                             |           | EFFECTIVE DATE:   |  |
| CARRIER                                   | NAIC CODE |   |  |

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: \_\_\_\_\_ FORM TITLE: \_\_\_\_\_

*(This area is intentionally left blank for additional remarks.)*



# CERTIFICATE OF LIABILITY INSURANCE

SISTOFT-02

NADARTS

DATE (MM/DD/YYYY)

8/9/2013

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 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).

|   |   |  |                                      |
|---|---|--|--------------------------------------|
| <b>PRODUCER</b><br>Willis Insurance Services of California, Inc.<br>c/o 26 Century Blvd.<br>P.O. Box 305191<br>Nashville, TN 37230-5191 | <b>CONTACT NAME:</b><br>PHONE (A/C No, Ext): (877) 945-7378 |  | <b>FAX (A/C, No):</b> (888) 467-2378 |
|   | <b>E-MAIL ADDRESS:</b>                                      |  |                                      |
| <b>INSURED</b><br><br>Sisters of the Holy Names of Jesus and Mary<br>P.O. Box 398<br>Marylhurst, OR 97036                               | <b>INSURER(S) AFFORDING COVERAGE</b>                        |  | <b>NAIC #</b>                        |
|   | <b>INSURER A:</b> Republic Indemnity Company of America     |  | 22179                                |
|   | <b>INSURER B:</b>   |  |                                      |
|   | <b>INSURER C:</b>   |  |                                      |
|   | <b>INSURER D:</b>   |  |                                      |
|   | <b>INSURER E:</b>   |  |                                      |
| <b>INSURER F:</b>   |   |  |                                      |

**COVERAGES**

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 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.

| INSR LTR | TYPE OF INSURANCE  | ADDL/SUBR INSR | WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|--|----------------|-----|---------------|-------------------------|-------------------------|--|
|          | <b>GENERAL LIABILITY</b><br><input type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |                |     |               |                         |                         | EACH OCCURRENCE \$<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$<br>GENERAL AGGREGATE \$<br>PRODUCTS - COMP/OP AGG \$<br>\$                           |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS   |                |     |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (PER ACCIDENT) \$<br>\$  |
|          | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$   |                |     |               |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$   |
| A        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br><input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | Y/N            | N/A | 185646-01     | 7/1/2013                | 7/1/2014                | <input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |

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

Named Insured Includes:  
 Holy Names University  
 Holy Names High School  
 Ramona Convent Secondary School  
 Convent of the Holy Names  
 Regional Office (formerly called California Province)  
 Villa Maria Del Mar  
 SEE ATTACHED ACORD 101

**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

*Marilyn Quinlan*

Mt. Diablo Unified School District  
 1936 Carlotta Drive  
 Concord, CA 94519-1397



The Princeton Excess and Surplus Lines Insurance Company

555 College Road East, Princeton, New Jersey 08543-5241 Phone: (800) 305-4954

**POLICY NUMBER:** G2-A3-EX-0000019-07 **GENERAL LIABILITY**  
**NAMED INSURED:** The Religious and Charitable Risk Pooling Trust  
Of the Brothers of the Christian Schools and Affiliates  
**COVERAGE TERM:** 6/15/2013 to 06/15/2014

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED  
SCHEDULED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under SECTION II INSURING AGREEMENT C, GENERAL LIABILITY COVERAGE defined within the Coverage Agreement.

**SECTION I: Schedule**

**Name of Additional Insured Person(s)  
Or Organization(s):**

ANY PERSON OR ORGANIZATION WHEN  
YOU HAVE AGREED IN A WRITTEN  
CONTRACT FOR THAT PERSON OR  
ORGANIZATION TO BE ADDED AS AN  
ADDITIONAL INSURED ON YOUR POLICY

**Designated Location(s) Of Covered  
Operations:**

If no entry appears above, information required to complete this endorsement will be shown in the Certificate of Coverage as applicable to this endorsement.

**Section II Insuring Agreement C –Name of Insured Amended**

- A. **Who Is An Insured** defined in the General Insurance Agreement is amended to include as an Additional Insured the person(s) or organization(s) shown in the Schedule above, but only with respect to liability in the performance of the Named Insured's ongoing operations for the Additional Insured(s) at the Location(s) designated in the Schedule above for "bodily injury" or "property damage", caused in whole or in part, by the Named Insured's acts or omissions which takes place after the execution of a written agreement with the Additional Insured(s).
- B. For the coverage provided by this endorsement: the following paragraph is added to Section IV – General Conditions, Section II, Insuring Agreement C - General Liability.  
This insurance is primary insurance as respects to this coverage to the additional insured person or organization, where the written contract or written agreement requires that this insurance be primary and noncontributory. In that event, we will not seek contribution from any other insurance policy available to the additional insured on which the additional insured person or organization is a Named Insured.
- C. **Who Is An Insured** is also amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by the "Named Insured's work" at the location designated and described in the schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".
- D. The insurance provided to the additional insured person or organization does not apply to:  
Bodily Injury, Property Damage or Personal or Advertising Injury arising out of the rendering or failure to render any professional architectural, engineering or surveying services including:  
1. The preparing, approving or failing to prepare or approve maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications;  
2. Supervisory, inspection, architectural or engineering activities.

**Section IV**

All Other terms and conditions of the Insuring Agreement remain unchanged.