



St. Andrew Catholic School
3601 N. Kings Hwy
Myrtle Beach, SC 29577
843. 448. 6062
totchair@standrewschoolmb.org
Rita Hayek, Event Chair
330.559.6306

Restaurant Committee
totrestaurants@standrewschoolmb.org
Jennifer Moran, Chair 231.313.5927

EVENT DATE: TUESDAY, OCTOBER 18, 2022

Insurance Coverage Requirements

1. CERTIFICATE OF LIABILITY INSURANCE INFORMATION:

Taste of the Town participating restaurants are required to have adequate General Liability and Workers Comp insurance coverage for the duration of the event. Proof of insurance is required in the form a **Certificate of Liability** from the restaurant's insurance carrier. The general liability required coverage is **\$1,000,000 per occurrence** and **\$2,000,000 aggregate**. **St. Andrew Parish/School and Bishop of Charleston A Corporation Sole** must be listed as "Additional Insured".

St. Andrew Catholic Church
3501 N. Kings Hwy, Suite 102
Myrtle Beach, SC 29577
843. 448. 5930

St. Andrew Catholic School
3601 N. Kings Hwy
Myrtle Beach, SC 29577
843. 448. 6062

Bishop of Charleston A Corporation Sole
The Diocese of Charleston
121 Broad St.
Charleston, SC 29401

Any restaurant that does not provide a Certificate of Liability containing the required coverage and information as stated above will not be eligible to participate in the event.

Note: It could take several weeks to obtain the Certificate of Liability (COL) from your insurance company. Please start the process immediately to avoid possibility of forfeiting your eligibility to participate in the event. *Please see the next page for EXAMPLE of COL.*

2. HOLD HARMLESS/INDEMNITY AGREEMENT INFORMATION:

Requirement for all participating restaurants: The **Parish/School Vendor Hold Harmless/Indemnity Agreement** must be completed, signed, dated and submitted to Taste of the Town.

Any restaurant that does not submit the signed Parish/School Vendor Hold Harmless/Indemnity Agreement will not be eligible to participate in the event.

Example of Certificate of Liability

CERTIFICATE OF INSURANCE INSTRUCTIONS

The images below should reflect the certificate of liability insurance you obtain from the contracting party. Please ensure that the fields marked in red are correctly completed.

ACORD		CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY)		
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).						
PRODUCER		CONTACT NAME:				
		PHONE (A/C, No, Ext):		FAX (A/C, No):		
		E-MAIL ADDRESS:				
		INSURER(S) AFFORDING COVERAGE		NAIC #		
INSURED		INSURER A :				
		INSURER B :				
		INSURER C :				
		INSURER D :				
		INSURER E :				
		INSURER F :				
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
	GENERAL LIABILITY					EACH OCCURRENCE \$ 1,000,000.00
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAIRY/FEED STORED PREMISES (Ea occurrence) \$
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR					MED EXP (Any one person) \$
						PERSONAL & ADV INJURY \$
						GENERAL AGGREGATE \$ 2,000,000.00
						PRODUCTS - COMP/OP AGG \$
						\$
GENL AGGREGATE LIMIT APPLIES PER						
POLICY		PRC		LIC		

ENSURE DESCRIPTION OF OPERATIONS LISTS BOTH PARISH/SCHOOL AND BISHOP OF CHARLESTON, A CORPORATION SOLE AS ADDITIONAL INSUREDS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
1. XYZ Parish/School and the Bishop of Charleston, a corporation sole, are named as additional insureds with respect to this policy.

ENSURE CERTIFICATE HOLDER LISTS BOTH PARISH/SCHOOL AND BISHOP OF CHARLESTON, A CORPORATION SOLE

CERTIFICATE HOLDER	CANCELLATION
[INSERT NAME OF PARISH/SCHOOL] Bishop of Charleston, a corporation sole [INSERT ADDRESS OF PARISH/SCHOOL]	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