

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/17/2025

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.

th	e te	rms and conditions of the policy cate holder in lieu of such endor	, cert	ain p	olicies may require an ei							
PRODUCER						CONTACT NAME: Lockton Affinity, LLC						
Loc	kto	n Affinity, LLC				PHONE (A/C, No, Ext): 800-496-0288 [A/C, No): 913-6				52-7599		
P. O. Box 879610							ADDRESS:					
Kansas City, MO 64187-9610							INSURER(S) AFFORDING COVERAGE					
						INSURER A : Nova Casualty Co					42552	
INSU				_		INSURER B:						
KNIGHTS OF COLUMBUS, STATE COUNCIL OF							INSURER C:					
MISSISSIPPI PO Box 5489							INSURER D:					
							INSURER E:					
Bra	ina	on, MS 39047-5489				INSURER F:						
COVERAGES CERTIFICATE NUMBER:							REVISION NUMBER:					
IN CE EX	DIC/ ERTI (CLL	S TO CERTIFY THAT THE POLICIES ATED. NOTWITHSTANDING ANY RI FICATE MAY BE ISSUED OR MAY ISIONS AND CONDITIONS OF SUCH	EQUIF PERT I POLIC	REMEI AIN, CIES	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER D S DESCRIBED PAID CLAIMS.	OCUMENT WITH RESP	PECT TO	WHICH THIS	
NSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LII	VIITS		
A	х	COMMERCIAL GENERAL LIABILITY	х		LFR-GL-29000000-04	<u> </u>	08/01/2025	02/01/2026	EACH OCCURRENCE	\$1,0	00,000	
		CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,0	00,000	
									MED EXP (Any one person)	\$20,	000	
									PERSONAL & ADV INJURY	\$1,0	00,000	
	GEN	I'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$3,0	00,000	

-	A	Λ.		HFR-GH-2500000-04	08/01/2023	02/01/2020	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
							MED EXP (Any one person)	\$20,000
							PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$3,000,000
	X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$3,000,000
	OTHER:							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO						BODILY INJURY (Per person)	\$
	ALLOWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
	DED RETENTION\$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
A	Physical/Sexual Abuse or			LFR-GL-29000000-04	08/01/2025	02/01/2026	Occurrence	\$500,000
	Molestation Liability						Aggregate	\$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Catholic Diocese of Biloxi, Bishop Louis F Kihneman III, Diocese of Jackson, Bishop Joseph R Kopacz is an additional insured per the terms, conditions and exclusions of the referenced general liability policy Knights of Columbus Councils:

802, 848, 1034, 1244, 1522, 1583, 1605, 1908, 2134, 2180, 2945, 2969, 4472, 4898, 5267, 5556, 5654, 6592, 6765, 6872, 7087, 7120 7211, 7854, 7910, 7915, 7974, 8038, 8054, 8285, 8848, 8912, 9094, 9124, 9234, 9409, 9543, 9673, 9958, 10216, 10443, 10499, 10901, 11541, 11934, 11995, 12331, 13471, 13502, 14051, 15121, 15131, 15155, 15382, 16433, 16763, 16992, 17364 Aux 1522 and Assy 3863

CERTIFICATE HOLDER	CANCELLATION
221201 Catholic Diocese of Biloxi 1790 Popps Ferry Road Biloxi, MS 39532	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 PATIND. OF ANNEL

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