

Catholic Mutual

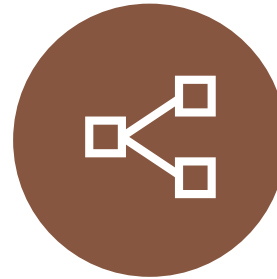
**Serving the Archdiocese of Milwaukee with Property and Casualty coverage, Contract Review
and Risk Management**



What is Catholic Mutual Group and how is it different from a standard insurance company?



Catholic Mutual Group is a Catholic not-for-profit that administers a voluntary property and liability coverage program for the Catholic Church in North America.



Catholic Mutual has been working with The Archdiocese of Milwaukee since 1987.



We are not an insurance company.



Funding for the program and payment of claims come directly from funds paid by the members to *PIPIT*.

Milwaukee Service Office

Who are your local Catholic Mutual representatives?

Kevin Carnell, Claims/Risk Manager

kcarnell@catholicmutual.org

office phone 262-255-6906

cell 262-622-1953

Suzanne Nickolai, Assistant Claims/Risk Manager

snickolai@catholicmutual.org

office phone, 262-255-6906

cell 414-403-2750

Chong Vue, Service Office Assistant/Claims Processor

cvue@catholicmutual.org

office phone 262-255-6906

Milwaukee Office Contact Information:

Catholic Mutual Group

P.O. Box 178

Menomonee Falls, WI 53052-0178

Office Phone 262-255-6906

Office Fax 262-255- 7276

milwaukeeoffice@catholicmutual.org

Catholic Mutual Group Website www.catholicmutual.org

Member Login*

User: 0065mil

Pswd: service

**Please Note: This is different from your CMG Connect account.*



Services Provided by Catholic Mutual Group

Claims Handling	Facilities Management Program	Inspections
Risk Management Programs	Coverage Analysis	Seminars/Presentations
Development and Implementation of Risk Management Policies	Certificates of Coverage	Special Events Coverage
Risk Management Analysis and Reports	Endorsement Changes	Disaster Recovery
Contract Review	Loss Analysis	Litigation Management
Consultation regarding coverage	Committee/Board Meetings Attendance for Questions/Presentations	Appraisal Assistance

Coverage Includes:

General liability – coverage triggers off a third-party claim for bodily injury, property damage or personal injury. *Please Note: There is no Medical Expense Coverage*

Property – all risk replacement cost coverage for buildings, contents, computers, phone systems, electronics, loss of income. Perils include wind, lightning, fire, vandalism, theft, water damage. There is a \$1,000 deductible per loss.

Comprehensive crime coverage – employee dishonesty (embezzlement) with a \$250,000 limit, and theft with a \$100,000 limit and \$1,000 deductible.

Cyber liability – covers hardware, software and operations from the effects of hacking, malware, etc.

Educator's legal liability and coverage for your Boards

Employment practices liability – costs shared between the location and PIPIT on an 80%/20% basis for legal costs and settlements.

Limited sexual misconduct (for entity – not perpetrator).

Incidental medical malpractice for school nurses.

What are some common interactions between Catholic Mutual and Parish Administrators?



Communication about accidents or injuries or problem situations at the parish that you feel might develop into a claim. Accident reports can be submitted faxed or e-mailed to our office.



Questions about outside groups using parish facilities – what form should be used?
Facility Usage
Indemnity Agreement,
Adult Hold Harmless Agreement, purchase
Special Events Coverage?



Questions about coverage issues, such as “our boiler went out, or our roof is leaking, is this covered?”



Discussion on safety and risk about proposed activities at the parish/school.



Driver Record Checks for employees or volunteers – Paid through PIPIT at no cost to school!

Facility Usage Agreements

Why do we need to utilize these agreements.

The Facility Usage/Indemnity Agreement must be used when non-parish sponsored or unaffiliated groups use parish facilities on a short-term basis. The following groups are examples of non parish sponsored or affiliated groups that should sign the Facility Usage/Indemnity Agreement:

- Unaffiliated Organizations: Girl Scouts, Knights of Columbus, American Legion or other similar organizations that use parish facilities for meetings or fundraisers.
- Recurring Activities and Events: AAU sport teams or non-parish sponsored sport classes/clinics
- Special Events: Parishioner and non-parishioner families that rent or use parish facilities for wedding receptions, family reunions, anniversary parties or other similar activities.

FACILITY USAGE/INDEMNITY AGREEMENT

PARISH: _____

PARISH is understood to include the Arch/Diocese of _____

FACILITY USER: _____

DATES OF FACILITY USAGE: _____

TYPE OF FACILITY USAGE: _____

The above named FACILITY USER agrees to defend, protect, indemnify and hold harmless the above named PARISH against and from all claims arising from the negligence or fault of the above named FACILITY USER or any of its agents, family members, officers, volunteers, helpers, partners, organizational members or associates which arise out of the above identified FACILITY USAGE at the above named PARISH.

FACILITY USER agrees to provide a certificate of insurance to the PARISH, which provides evidence of general liability coverage of not less than one million dollars (\$1,000,000) per occurrence. FACILITY USER also agrees to have the PARISH named as an "Additional Insured" on its general liability policy for the DATE(S) OF FACILITY USAGE in relationship to the TYPE OF FACILITY USAGE for claims which arise out of FACILITY USER'S operations or are brought against the PARISH by FACILITY USER'S employees, agents, partners, family members, students, customers, function attendees, guests, invitees, organizational members or associates. FACILITY USER also agrees to ensure that its liability insurance policy will be primary in the event of a covered claim or cause of action against PARISH.

If FACILITY USER fails to comply with the above (second) paragraph, then the above named FACILITY USER agrees to protect, defend, hold harmless and fully indemnify the above named PARISH for any claim or cause of action whatsoever arising out of or related to the usage which takes place during the above identified DATE(S) OF FACILITY USAGE that is brought against the PARISH by the above named FACILITY USER or its employees, agents, partners, family members, students, customers, function attendees, guests, invitees, organizational members or associates, even if such claim arises from the alleged negligence of the PARISH, its employees or agents, or the negligence of any other individual or organization. This paragraph does not relieve FACILITY USER's responsibility to comply with the above(second) paragraph.

If any sentence or paragraph of this agreement is held invalid, it is agreed that the balance thereof, shall continue in full legal force and effect.

SIGNED BY: _____

(Must be an official agent of FACILITY USER)

NAME (Please print): _____

DATE: _____

The Archdiocese of Milwaukee and Catholic Mutual Group have templates of the facility usage/indemnity agreement language.

This form should be on file and current for any facility users **prior** to their use of parish facilities.

Why is Contract review important and How Do We Add Value?

By ensuring that unnecessary liability is not being assumed by our members.

By assisting our members in transferring financial responsibility to the proper party



How to transfer liability through Additional Insured Status and Certificates of Insurance

Question: If you are a certificate holder does that mean you are an additional insured on the policy?



Answer: NO!!!

As a “certificate holder,” the parish has no legal rights under a contract partner’s insurance policy. This is why it is so important for members to contact our office before ever signing a contract. We look to ensure that CMG Addendums are utilized and/or that additional insured status is a requirement in the written contract.



What does the Certificate of Insurance tell you:

- ▶ NAME OF THE POLICYHOLDER AND THEIR INSURANCE COMPANY
- ▶ POLICY NUMBER
- ▶ EFFECTIVE DATES OF THE POLICY
- ▶ AGENT OF THE INSURED SO YOU CAN SUBMIT A CLAIM
- ▶ APPLICABLE INSURANCE LIMITS AND LIMITATIONS TO ANY POTENTIAL COVERAGE
- ▶ SOMEWHERE ON THE CERTIFICATE THE WORDS **ADDITIONAL INSURED** MUST APPEAR
 - ▶ Examples of the limiting language:
 - ▶ ONLY A PURPORTED ADDITIONAL INSURED IF IT ARISES OUT OF LIMITED OPERATIONS (EXAMPLE FALL FESTIVAL ETC.)
 - ▶ **ONLY A PURPORTED ADDITIONAL INSURED IF REQUIRED BY WRITTEN CONTRACT**





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/04/2011

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 State Farm Insurance One Plaza East, Suite 240 Milwaukee, WI 53202	CONTACT NAME: Mike Smith PHONE: (414) 800-444-4444 ext 10 FAX: (414) 800-444-4444 EMAIL: msmith@statefarm.com PRODUCER LICENSE # 45801
INSURED Fun Time Inflatables 2200 S. First Street, Milwaukee, WI	INSURER(S) AFFORDING COVERAGE INSURER A: State Farm 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.

TYPE OF INSURANCE	ADDITIONAL INSURED	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERAGE	LIMITS
A GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PER OCCUR <input type="checkbox"/> LOC	Y	MLG5264304	01/01/2011	01/01/2012	EACH OCCURRENCE DAMAGE TO RENTED EQUIPMENT (Ea occurrence) MED EXP (any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMPOD AGG	\$ 2,000,000 \$ \$ 5,000 \$ \$ 2,000,000 \$
AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS TRAILER AUTOS NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$ \$ \$
A UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DEDUCTIBLE RETENTION \$	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE	UL004446	01/01/2011	01/01/2012	EACH OCCURRENCE AGGREGATE	\$ 3,000,000 \$ 3,000,000
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED? (Mandatory in WI) If yes, describe under SPECIAL ENDORSEMENTS below	N/A				WI STATE TOBY LIMITS E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$ \$ \$ \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, If more space is required)
1. Certificate Holder is St. Joseph Parish
2. St. Joseph Parish and the Archdiocese of Milwaukee are named as additional insured but only with respect to liability arising out of operations of Fun Time Inflatables, Inc.

CERTIFICATE HOLDER St. Joseph Parish 1212 W. Webster Milwaukee, WI	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
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ACORD 25 (2009/09)

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Additional Insured Language and Indicators:

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Parish Festivals



Vendor Hold Harmless/Indemnity Agreement Should be Signed:

- By vendors who provide services at parish festivals.
- Examples of vendors:
 - Tent companies
 - Security companies
 - Suppliers of large quantities of food
 - Vendors who provide medical services
 - Bands/Entertainers
 - Other vendors
- This agreement requires the festival vendor to provide the parish with a COI documenting general liability coverage in the amount of \$1,000,000 per occurrence and also requires the vendor to name the parish and Arch/Diocese as an additional insured.



Ride Vendor Hold Harmless/Indemnity Agreement Should be Signed:

- Ride vendors who provide carnival rides at parish festivals.
- This agreement requires the festival vendor to provide the parish with a COI documenting **general liability coverage** in the amount of **\$2,000,000 per occurrence** and also requires the vendor to name the parish and Arch/Diocese as an additional insured.
- There is also a checklist provided with the annual festival guideline mailing that pertains to ride vendors.



Accident Reporting

- ▶ Archdiocese of Milwaukee Schools **Form 5141** (*Found in the Parish & School Policy Manual*): Accident or Illness Reporting –Fill out for serious injuries such as lacerations, eye injuries, fractures, scarring injuries, head injuries, etc.
- ▶ After completion send to Catholic Mutual Group's Milwaukee Service Office (Email, fax, or mail to our office). Important to provide injured party's DOB, and names of any witnesses. Call ahead to Catholic Mutual if reporting a serious injury. If you feel the parish/school was negligent in the accident, communicate that information over the phone; not written on the form. Catholic Mutual will frequently call the school for additional information and may make a site visit and interview witnesses.
 - The Accident/Incident Report Form 5141 is an internal report and should not be given to parents. The form is discoverable in a lawsuit and will become an important document.
 - The SSN does not need to be provided at the same time the report is initially completed.
 - Any time a minor loses consciousness or suffers a displaced fracture, an ambulance should be called prior to calling the parent.

Additional resources are also found in the Archdiocese of Milwaukee Parish and School Policy Manual.

How to Report A Claim to Catholic Mutual

- ▶ Please call our Service Office first (262) 255-6906
- ▶ You may also report the loss to Milwaukeeoffice@catholicmutual.org
- ▶ If there is a weekend loss or overnight emergency, please call Kevin or Suzanne on our cell phones
- ▶ Please Do Not Report Losses to Catholic Mutual's home office



Deferred Maintenance



Am I getting a brand new roof????

Is the parish/school responsible for the actions of volunteers? Is there coverage?

The parish is responsible for the actions of volunteers when they are acting under the direction and control of the parish. The liability coverage for volunteer acts mirrors the coverage available to the parish. PIPIT would provide a legal defense for a volunteer implicated in a civil lawsuit against the parish.

It is important that volunteer activities be directed by the school, and that volunteers are not allowed to “run the show” or perform high risk activities without careful consideration and consultation with Catholic Mutual.

PIPIT does not contain a health or accident policy for volunteer injuries. Workers Compensation Insurance does not apply to volunteers.

Utilize an Adult Volunteer Hold Harmless Agreement for volunteers in some situations

Is Workers' Compensation Coverage through Catholic Mutual?

Workers' compensation coverage for injured workers is a package policy written through **United Heartland**.

Catholic Mutual Group plays a support role for the archdiocese's worker's compensation program, but is not responsible for adjusting claims.

The premium for workers' compensation coverage is based on your payroll and is included on your yearly PIPIT billing statement.

Worker's Compensation Injury/Incident Reporting Process

- Worker injuries are reported directly to United Heartland by calling
- (888) 881-8242, press option #1.
- The injured employee and supervisor should make the call together whenever possible.
- Provide United Heartland account number 1400024608 to the intake attendant.
- You will be given a temporary Claim Number, please make a note of it.
- If the injured employee is going to the doctor, please have them provide the doctor's office with the claim number.



Activities that are considered high risk and not an acceptable risk include...

Vertical Climbing Walls

Activities involving open water such as canoeing, kayaking, swimming, whitewater rafting

Hiking Trails with steep drop-offs such as Devils Lake State Park

High Ropes Course

Bungee Jumping or Rebounding Swings

Zip Lines

Horseback Riding

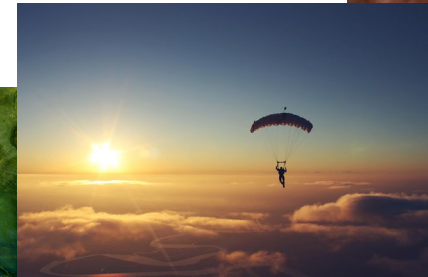
Rock Climbing

Trampoline Parks

Indoor Skydiving (also regular skydiving)

Waterparks indoor or outdoor

Tree Climbing



Annual Risk Inspections

- Scheduled on an annual basis
- Risk inspection walk through of ALL parish/school owned property and buildings
- Includes buildings rented to tenants
- Includes cemetery buildings and garages
- Includes all rooms
- Assess any potential risk exposures
- Parish/school receive a report of the risk inspection with recommended items of action
- Report responses need to be returned to the Milwaukee Service Office

Purpose of Risk Inspections:

- 1) Walk through property and identify any new buildings
- 2) Identify any unoccupied/vacant buildings that are at higher risk for claims
- 3) Make recommendations to identify any possible sources of future claims including workers compensation, property damage, injury
- 4) Reduce the risk of potential injury or property damage

Transportation Policy



No parish/school/agency may own or operate, through borrowing, leasing or rental, a 10-15 passenger van for the transportation of children or adults, without written permission from Catholic Mutual.

A 10-15 passenger van may only be used for the transportation of cargo. In this circumstance, in addition to the driver, an adult passenger may be seated and belted in the front passenger seat. All other seats must be removed.

Transportation Policy Continued



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Driver's Record Check through the WI DMV. The parish/school/agency must submit the name and driver's license number of any new driver to Catholic Mutual Group. **Repeat drivers need to follow the steps to be an approved driver every three years.** Catholic Mutual will check the driving record through the state and communicate the results to the parish. The attached Employee/Volunteer Driver Information Sheet should be **completed for each driver each year** and kept in parish files. This is especially important for anyone transporting youth.

New drivers and drivers engaging in the 3-year re-approval process must watch the video, *Be Smart – Drive Safe* located at www.cmgconnect.org. Either use your previously established CMGConnect login and password or follow the instructions on the website to establish an account. Completion of the video should be tracked by the parish driving coordinator or safe environment

A few important reminders

All terminations should be run through Human Resources.

If a proper procedure is not followed before termination, coverage for a subsequent claim will be excluded.

In emergency situations, an employee can be immediately suspended pending an investigation.

Assume that **all civil laws and regulations apply** to Catholic schools/parishes until you are sure that they don't apply.

It is **important that the school adheres to its written policies and procedures**. Review your handbooks and keep them current with practices that are being followed and that are legal. It's better to not have a written policy than to have a policy that is not followed, because policies create potential liabilities.

Establish a Safety and Security Committee to review security vulnerabilities and develop basic emergency responses.

Try to include a representative of law enforcement. Practice your emergency responses and involve local law enforcement if possible.

QUESTIONS

