

RISK CONTROL MEMORANDUM

To:	Catholic Diocese of Green Bay Parishes, Schools & Other Facilities		
Attn:	Cemetery Committees-Buildings and Grounds Committees		
Date:	November 2012		
From:	Gwendolyn Arps Prisk Control Consultant Direct Line: 920-431-6265 e-mail: gwendolyn.arps@aon.com Tammy C. Basten, Facilities and Properties Director, tbasten@gbdioc.org		
Re:	Cemeteries		

Cemeteries present a unique exposure with visitors at all hours as well as for burials regardless of weather conditions. Many cemeteries also have exposures created through the use of subcontractors.

Standards:

- > Structures should be maintained to appear active.
- > Keep all exterior doors, windows and access points locked when not in use.
- Exterior lighting/dusk to dawn and/or motion detector lighting as well as emergency & exit lighting should be in place and maintained.
- Building exterior and grounds should be free of combustible materials, high grass, trees or shrubs that would block the view of the structure or create hiding or refuge places for humans or animals.
- Parking lots, roadways and pedestrian travel areas should be maintained in good repair to prevent tripping hazards. This includes cracks, extra gravel or holes in the pavement.
- During winter months all efforts should be used to maintain vehicle and pedestrian travel areas free from snow and ice. Walkways should be kept clear of snow and ice.

Use of Subcontractors:

- Subcontractor use should be limited to only those that have provided evidence of insurance in the form of a standard Accord Certificate of Insurance. This includes any companies performing burials and/or entombments, snow removal as well as monument or burial vault providers in addition to other maintenance contractors utilized.
- Aon has prepared a standard letter template for your use in requesting evidence of insurance. See page two. This letter is also available in an electronic format, Microsoft Word. Contact Gwen Arps to request this by email.

Coverage Issues:

- Coverages provided to cemeteries include Premises & General Liability and Cemetery Errors & Omissions Liability; Property if you have advised Aon of your exposures; Vehicles if you have advised Aon of your exposures.
- Monuments and other property of the deceased or their family are not covered unless we damage them due to our negligence.

If you believe that you may have an issue please contact the Catholic Mutual claim department.

With the new policy year we have also attached the most current Incident Report Form for all claim reports to CMG.

This and other Risk Control Memorandums are also at: http://www.gbdioc.org/facilities-a-properties/risk-control-memos.html

^{*}Content from Catholic Mutual

Re: Request for Certificate of Insurance

Dear

Please have your insurance carrier provide a *certificate of insurance* with the following requirements.

COMMERCIAL GENERAL LIABILITY:

General Aggregate	2,000,000
Products-Completed Operations Aggregate	2,000,000
Personal & Advertising Injury	1,000,000
Each Occurrence Limit	1,000,000
Fire Damage (any one fire)	100,000
Medical Expense	5,000

Policy must include Explosion, Collapse and Underground Liability if any excavation of surface work is performed.

☑ Cemetery or Parish Name and the Catholic Diocese of Green Bay must be named as Additional Insured's on this policy.

AUTOMOBILE LIABILITY:

Combined Single Limit 1,000,000

Or

Split Limit 500,000/1,000,000 Bodily Injury / 250,000 Property Damage

WORKERS' COMPENSATION AND EMPLOYERS LIABILITY:

Statutory: Wisconsin

Employers Liability Limits:

Each Accident	100,000
Disease-Policy Limit	500,000
Disease-Each Employee	100,000

COMMERCIAL UMBRELLA LIABILITY:

Each Occurrence	1,000,000
Aggregate	1,000,000

All policies must be endorsed to provide a 30-day notice of cancellation except 10 days for non-payment of premium.

Incident Report Form 2012-2013

Property / Liability / Auto / Crime

Parish/School: (Name & Cor	nplete Mailing Address)	Phone:					
		Fax:					
		E-mail:					
Contact:		Title:					
Date/Time of Incident:		Specific Location:					
Injured Party: Name/Address	s/Age: (include parent or gu		inor)				
Bi N i	-	Alc All					
Phone Number: Injured Party: Parishioner	Volunteer Vendor	Alternate Number General Public					
Please check the mo	ost applicable description as	it relates to the inci					
Medical or First Aid Offered? Yes □ No □	Accepted or Re	fused	Transported by Ambulance:				
Description of Accident or Da	l amage:		<u> </u>				
		Φ= 000					
may have premises factors in		sses over \$5,000,	vehicle accidents and liability claims that				
Public Authority Contacted:	Name of Authority:		Incident Report Number:				
Yes No No							
Auto Claim Information:	Vehicle Involved - Year:		Make/Model:				
Witnesses: Name/Address/F	hone:						
Additional Commental Information: (If additional appear in required, places were given as additional appearance)							
Additional Comments/Information: (If additional space is required, please use reverse side or an additional page)							
Date:	Complete	ed By:					
Please complete and report immediately with as much information as available at the time of loss.							
Submit this report directly to Kathy Mussman and Katie Cox at Catholic Mutual Group. Preference for submission: E-mail: kmussman@catholicmutual.org & kcox@catholicmutual.org or Fax: 402-551-9138 or Phone: 800-228-6108							
Also submit a copy to Aon Risk Solutions: Laura Erdmann: <u>laura.erdmann@aon.com</u> or fax 920-431-6352.							
RETAIN A COPY IN YOUR PERMANENT FILE							