



**Knights of Columbus  
South Carolina State Council**



**Liability Insurance Policy  
For the State of South Carolina  
Knights of Columbus  
2018 - 2019**

Presented By:  
Lockton Affinity, LLC  
7300 College Blvd, Suite 500  
Overland Park, KS 66210



# Knights of Columbus South Carolina State Council



Program Insurer: Hanover Insurance Group

Insurance Agency: Lockton Affinity, LLC

Policyholder: Knights of Columbus State Council  
of South Carolina

Policy Term: February 14, 2018 to February 13, 2019

Insured: State Council and each listed local  
Council within the State

Additional Insureds: Knights of Columbus Supreme Council  
Lessors or Manager of Premises  
(Local Council Parishes/Dioceses for  
use of facilities)

Additional Underwriting Information Required:  
Please provide a list of any State or  
local Council Activities not included in  
the Summary of Typical State and Local  
Council Activities

**Account Executive:** Tina Caldwell  
800-496-0288  
tcaldwell@locktonaffinity.com

**Claim Manager:** Hanover – 800-628-0250



# Knights of Columbus South Carolina State Council



## **COMMERCIAL GENERAL LIABILITY INSURANCE**

### **LIMITS OF INSURANCE (COVERAGE IS BASED ON GENERAL LIABILITY COVERAGE)**

<b>General Aggregate Limit</b>	<b>\$2,000,000</b>
<b>Products-Completed Operations are included in the General Aggregate</b>	
<b>Each Occurrence Limit</b>	<b>\$2,000,000</b>
<b>Personal and Advertising Injury Limit</b>	<b>\$1,000,000</b>
<b>Damage to Premises Rented to you Limit</b>	<b>\$1,000,000</b>
<b>Medical Expenses Limit – any one person</b>	<b>\$ 10,000</b>
<b>Hired and Non-Owned Auto Liability</b>	<b>\$1,000,000</b>

### **COVERAGE INCLUDES:**

- **Bodily Injury**
- **Property Damage**
- **Personal injury**
- **Advertising injury**
- **Medical payments**
- **Host liquor liability**
- **Certified Acts of Terrorism**
- **Additional Insured – Club Members**
- **Additional Insured – Managers of Lessors of Premises**
- **Additional Insured – Designated Person or Organizations**
- **Knights of Columbus Supreme Council**
- **Bishop of Charleston, A sole Corporation**
- **Hired and Non-owned Auto Liability Coverage**



# Knights of Columbus South Carolina State Council



## KEY EXCLUSIONS

**Exclusion – Athletic Or Sports Participants** - this insurance does not apply to "bodily injury" to any person while practicing for or participating in any sports or athletic contest or exhibition that you sponsor. **This exclusion does not apply to:**

- Basketball Free Throw
- Soccer Challenge
- Golf Tournament and
- Softball/Baseball Games.

**Exclusion – Designated Ongoing Operations** - "bodily injury" or "property damage" arising out of the ongoing operations involving activities described below is excluded:

- Firearms
- Altercations with Demonstrations at Right to Life Events
- Home Corporations
- Sponsorship of Carnivals, Circuses and Fairs.
- Rock Concerts
- Activities involving Amusement Devices such as Rides, Inflatables or similar devices

**Exclusion – Liquor Liability** This insurance does not apply to "bodily injury" or "property damage" for which any insured may be held liable by reason of:

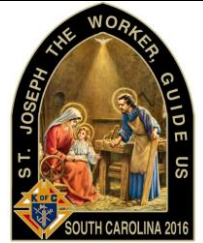
1. Causing or contributing to the intoxication of any person, including causing or contributing to the intoxication of any person because alcoholic beverages were permitted to be brought on your premises, for consumption on your premises;
2. The furnishing of alcoholic beverages to a person under the legal drinking age or under the influence of alcohol; or
3. Any statute, ordinance or regulation relating to the sale, gift, distribution or use of alcoholic beverages.

This exclusion applies only if you:

1. Manufacture, sell or distribute alcoholic beverages;
2. Serve or furnish alcoholic beverages for a charge whether or not such activity:
  - a. Requires a license;
  - b. Is for the purpose of financial gain or livelihood;
3. Serve or furnish alcoholic beverages without a charge, if a license is required for such activity; or



# Knights of Columbus South Carolina State Council



4. Permit any person to bring any alcoholic beverages on your premises, for consumption on your premises.

This exclusion applies even if the claims against any insured allege negligence or other wrongdoing in:

1. The supervision, hiring, employment, training or monitoring of others by that insured;  
or
2. Providing or failing to provide transportation with respect to any person that may be under the influence of alcohol.

### Acceptable EVENTS/ACTIVITIES:

- **Local Council Meetings**
- **Marching in Parades**
- **Local Council Parties for Members and Guests**
- **Communion Breakfasts**
- **Basketball Free-Throw Contest**
- **Poster Contest**
- **Prayer Services**
- **Scholarships**
- **Luncheons/Family Picnics**
- **Food and Clothing Drives**
- **Family of Month/Year**
- **Family Trips**
- **Honors for Police, Fire Fighters, Veterans and other "Appreciation" Events**
- **Special Breakfasts, Luncheons, Dinners**
- **Car Washes**
- **Church Work: Ushers, Lectors, Choir, Youth Ministry**
- **Bingo**
- **Supporting poor and needy**



# Knights of Columbus South Carolina State Council



- Home/School Association Support
- Tootsie Roll and Candy Sale
- Tournaments: Golf, Bowling, Billiards
- Youth Awards
- Senior Citizen Support: Visits and equipment donation
- Food for Families and Coats for Kids Projects
- Local Council Promotional Activities
- Keep Christ in Christmas, Billboards, Mangers, cards

This is a summary of coverage and the program. It is not intended to change or replace the policy. You must refer to the insurance policy for full terms, conditions, coverages and exclusions.

Please contact the Agent if you have any questions or to request a full copy of your policy.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/11/2018

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>  Lockton Affinity, LLC  P. O. Box 879610 Kansas City, MO 64187-9610	<b>CONTACT NAME:</b> Lockton Affinity, LLC <b>PHONE (A/C No. Ext):</b> 800-496-0288 <b>E-MAIL ADDRESS:</b>	<b>FAX (A/C No.):</b> 913-652-7599													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Philadelphia Indemnity Insurance</td> <td>18058</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Philadelphia Indemnity Insurance	18058	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:
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<b>INSURED</b>  KNIGHTS OF COLUMBUS, STATE COUNCIL OF SOUTH CAROLINA  P.O. Box 440 Waldport, SC 29016															

**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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY  <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PHPK1772676	02/14/2018	02/14/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPPOP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY  <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			PHPK1772676	02/14/2018	02/14/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N <input type="checkbox"/> N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Physical/Sexual Abuse or Molestation Liability			PHPK1772676	02/14/2018	02/14/2019	Occurrence \$ 300,000 Aggregate \$ 300,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Knights of Columbus South Carolina Councils:  
 704, 724, 1668, 2207, 3067, 3684, 5026, 5086, 5194, 6076, 6250, 6726, 6756, 6847, 6884, 6891, 6892, 6900, 7062, 7122, 7129, 7289, 7531, 8123, 8182, 8295, 8502, 8790, 8900, 8980, 9161, 9184, 9475, 9575, 9576, 9672, 10066, 10334, 10668, 10819, 10867, 11028, 11325, 11471, 11910, 11991, 12263, 12268, 12274, 12366, 12472, 12554, 12995, 13112, 13713, 14475, 14765, 14892, 15223, 15519, 15611, 15960, 16903

<b>CERTIFICATE HOLDER</b>  Proof of Coverage  2364509	<b>CANCELLATION</b>  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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