Risk Management Resources and Administrative Reminders

November 12, 2026

- Sam Mastracci
- Diana Appel

ARCHDIOCESE of BALTIMORE

- This annual "Cornucopia" session provides a wide-ranging review of the many services available through the Office of Risk Management and offers reminders about routine tasks that help keep locations compliant and properly protected.



- Requesting Certificates of Insurance
- Special event registration
- Reviewing monthly insurance invoices
- Adding or deleting buildings and vehicles
- Claims reporting
- Location Contacts
- Accessing Risk Management resources and support

Certificate of Insurance

ACORD

CERTIFICATE OF LIABILITY INSURANCE

(MM/DD/YYYY)
7/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICAT ER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED B POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER HORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or 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
Porter & Curtis, a division of Hefferman Insurance Brokers
225 State Road
Media, PA 19063

CONTACT NAME: Diana Appel
PHONE (A/C, No, Ext): | FAX (A/C, No): 4105473153
E-MAIL ADDRESS: diana.appel@archbalt.org

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : UNDERWRITERS AT LLOYDS	AA1122000
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
BISHOP WALSH HS
700 BISHOP WALSH ROAD
Cumberland, MD 21502

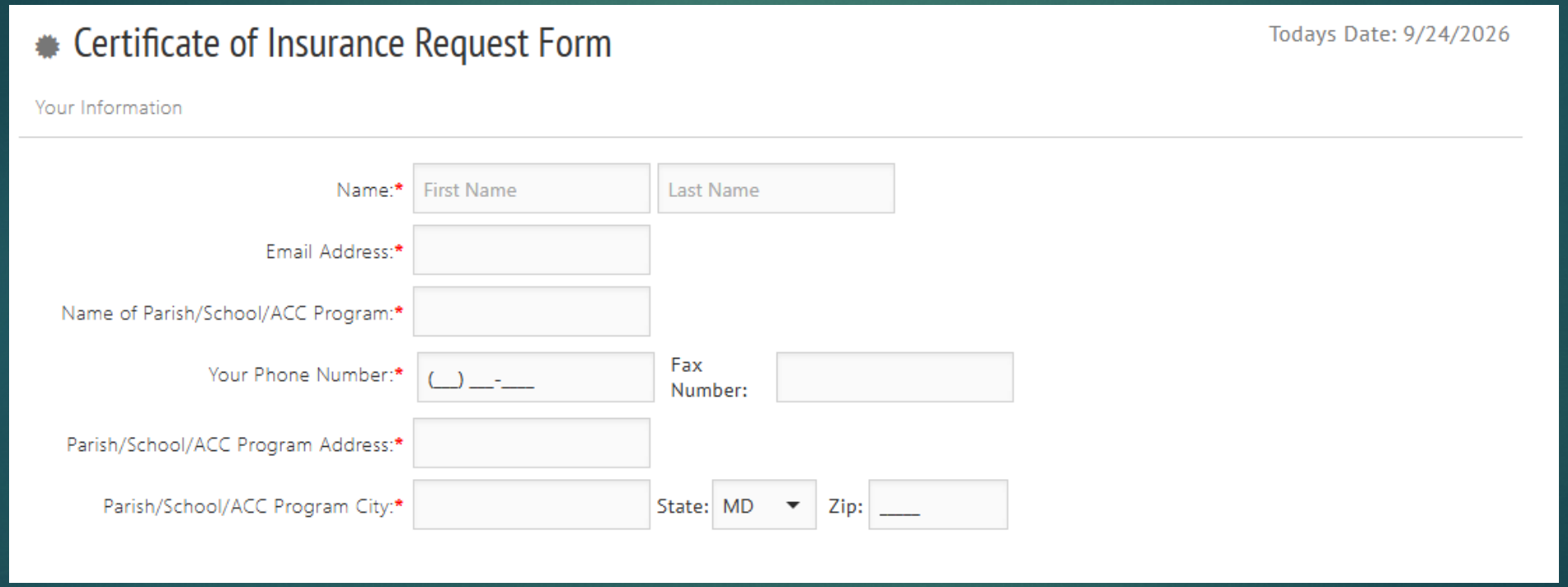
COVERAGES **CERTIFICATE NUMBER:** C000278902 Account: 3661 **REVISION NUMBER:**

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	X COMMERCIAL GENERAL LIABILITY			PK1016226	07/01/2026	07/01/2027	EACH OCCURRENCE	$ 5,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 10,000,000

Insured – Certificate Requestor

This is the party named on the contract. Be sure to insert the parish or the school, whichever is on the written contract, agreement, or permit application. The completed certificate will be returned to the email address of the individual submitting this request.



Certificate of Insurance Request Form

Todays Date: 9/24/2026

Your Information

Name:* First Name Last Name

Email Address:*

Name of Parish/School/ACC Program:*

Your Phone Number:* (__) __-___ Fax Number:

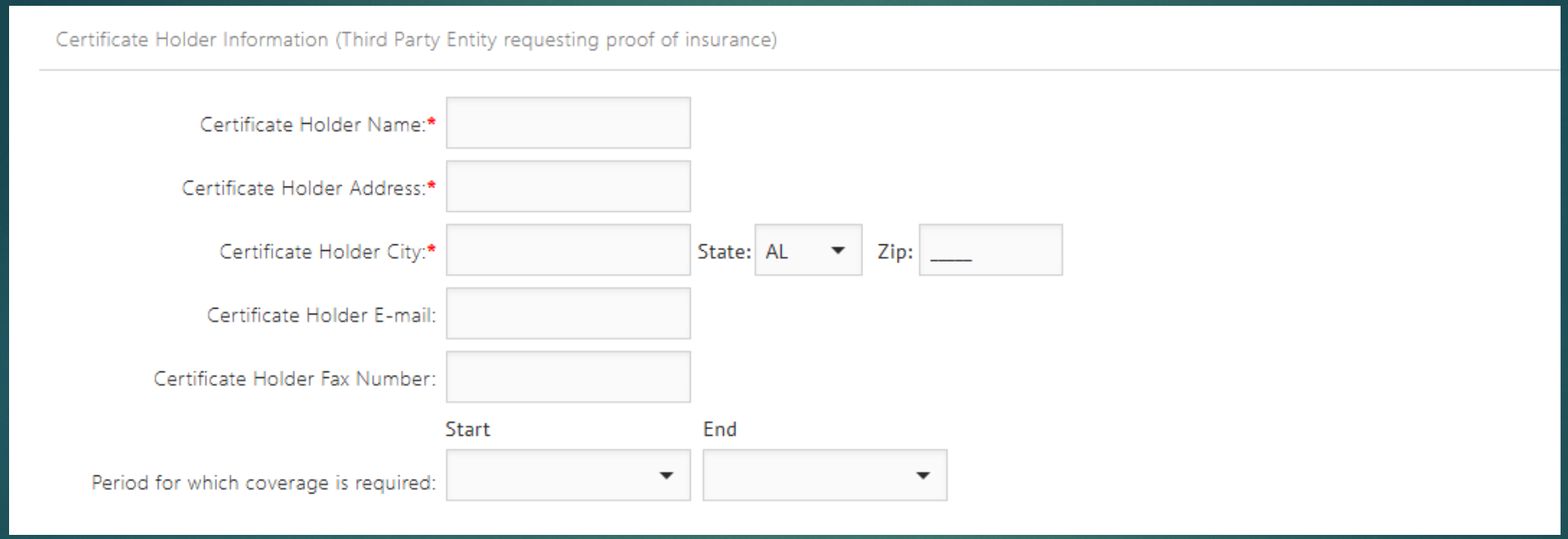
Parish/School/ACC Program Address:*

Parish/School/ACC Program City:* State: MD Zip: ____

Certificate Holder

This is the other party named on the contract that is requesting the proof of insurance from the Insured.

Certificates are issued on a per event or contract agreement basis.



Dates of Coverage

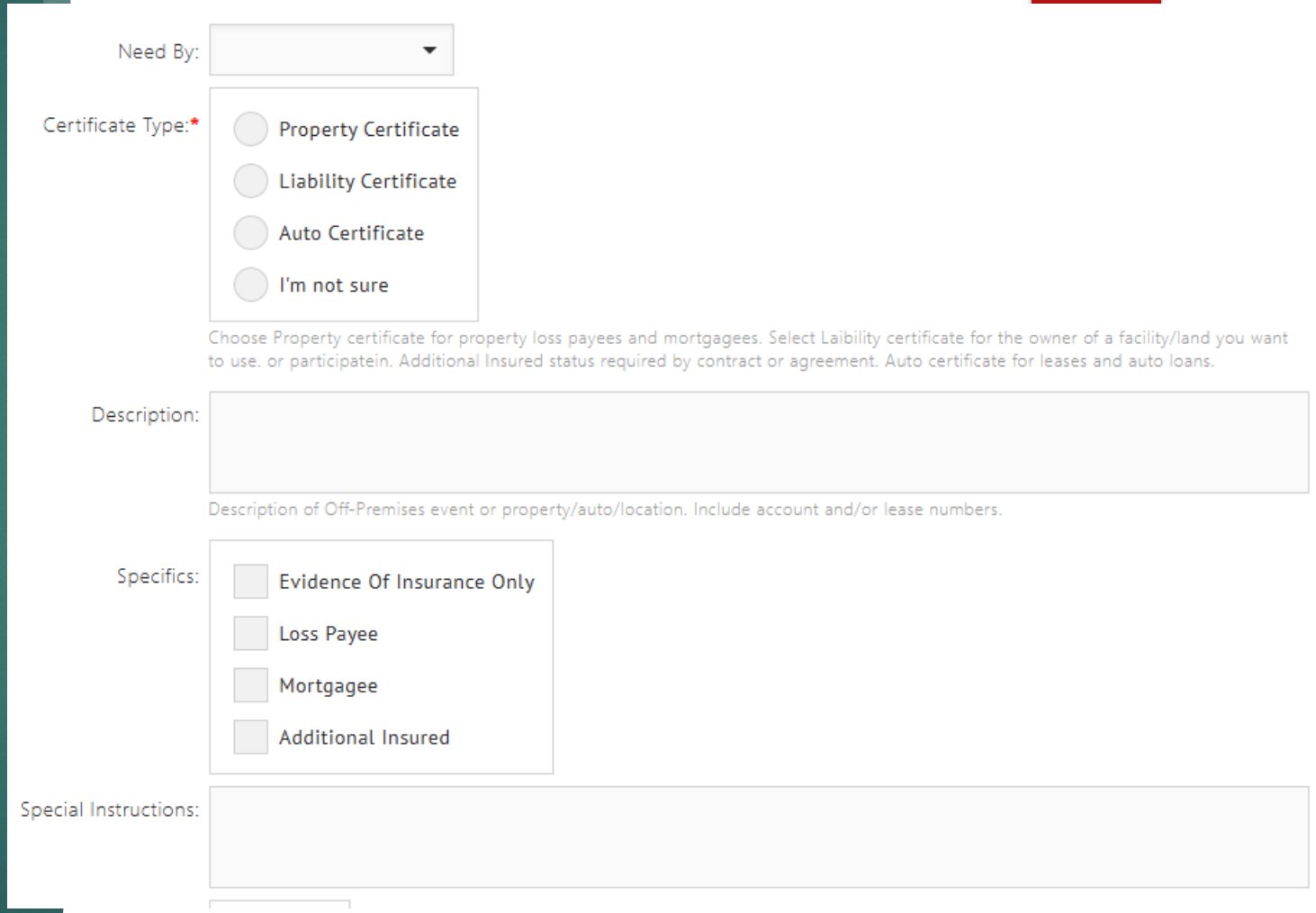
This is the term of the agreement or the date(s) of the event for which you are requesting proof of coverage. If the term exceeds the current policy term, a renewal certificate will be generated and mailed to the certificate holder every fiscal year until the need is met.

Certificate Information

Enter all the information you have, but keep in mind that if you are copy and pasting instructions, it is probably best to forward the document to Risk for our full review.

Examples of Description:

- Confirmation Retreat
- Soccer practices and games
- Christmas Eve Mass
- Spring Festival



Important Note:	If additional insured status is being requested the contract/agreement needs to be either faxed to 410-547-3153 or scanned and e-mailed directly to riskmanagement@archbalt.org by clicking Here

Special Events Reporting



Facility Use

Periodically a location is approached by an individual or a non-parish sponsored group seeking use of their facilities for a "special event"

NEW Use Agreement

There are now separate new approved agreements for individuals and organizations. The new agreements are a condition of coverage, **meaning they must be executed by both the lessor and the lessee and filed with the parish records.** (*Updated for events occurring 07/01/2025 and later*). ***Failure to have on file the executed agreement will result in the loss of insurance coverage under this program.***

Third Party Facility Use Agreement – Individual

Third Party Facility Use Agreement – Organization

Reporting Events to Risk Management

All events MUST be reported to Risk Management. To report events, please complete the online reporting form prior to the date of the event. If an event that you have reported is canceled, please send an email to riskmanagement@archbalt.org so that we may update our records.

Event Reporting Form

Failure to report the event as noted above prior to the event will result in the loss of insurance coverage under this program.



Insurance Schedule of Assets and Billing

Property and Liability Invoice

Archdiocese of Baltimore
Division of Fiscal Services
320 Cathedral Street
Baltimore, MD 21201

Customer ID	[redacted]-External
Invoice Date	September 01, 2026
Invoice Number	2026-09-[redacted]-External
Billing Month	September 2026
Due Date	Due Upon Receipt

Bill To

Coverage Type	Transaction Type	Rate Classification	Quantity (Units)	Monthly Unit Rate	Number of Months	Amount
PROP	INSTALLMENT 2012A	INSURED VALUE PER $100	18,093,184	0.00022083	1.00	$3995.58
LIAB	INSTALLMENT 2012A	PARISHIONERS	1,829	0.50000000	1.00	$914.50
BOIL	Boiler 2012A	BOILER	4	67.29166667	1.00	$269.17
RAT	Liability Only	PRIVATE PASSENGER	1	183.08333333	1.00	$183.08
Grand Total						$5362.33
Amount Paid						

Notes:
1. PayerExpress payments: When you receive an email from PayerExpress that the online bill is ready, login to the PayerExpress system and initiate payment. If the amount you are paying is not equal to the line item amount on the invoice, please use the notes function to explain why. Contact Daniel Bowles Daniel.bowles@archbalt.org in Fiscal Services with any questions.

2. If paying by check: Write the amount paid in space provided and remit a copy of the invoice with your payment. Mail payments to Division of Fiscal Services at the address indicated above.

3. Contact the office of Risk Management riskmanagement@archbalt.org to report any revisions to boilers, vehicles, or property values on the attached schedules. Or visit our website www.archbalt.org/risk and select Frequently Asked Questions to submit a change request.

4. For billing inquiries email riskmangement@archbalt.org or call Diana Appel directly at 410-547-5529, E-mail diana.appel@archbalt.org, Fax: 410-547-3153.

REVIEW Monthly Billing

Property: Total Insured amount includes the value of the structure, personal property (contents) and time element.

Liability: Exposure will remain the same for the policy term and is updated annually based on the previous year's ACR data.

Autos: Fleet and Priest autos are scheduled and Liability Only option is available.

Payer Express: Questions should be directed to Fiscal Services

Adding or Deleting buildings, yard improvements, or vehicles



Changes should be reported timely to ensure all property is covered.

<u>This includes:</u>

Signs	Sheds	Statues
Pavilions		Vehicles

Request forms are found on

Risk Management FAQ tab

or email

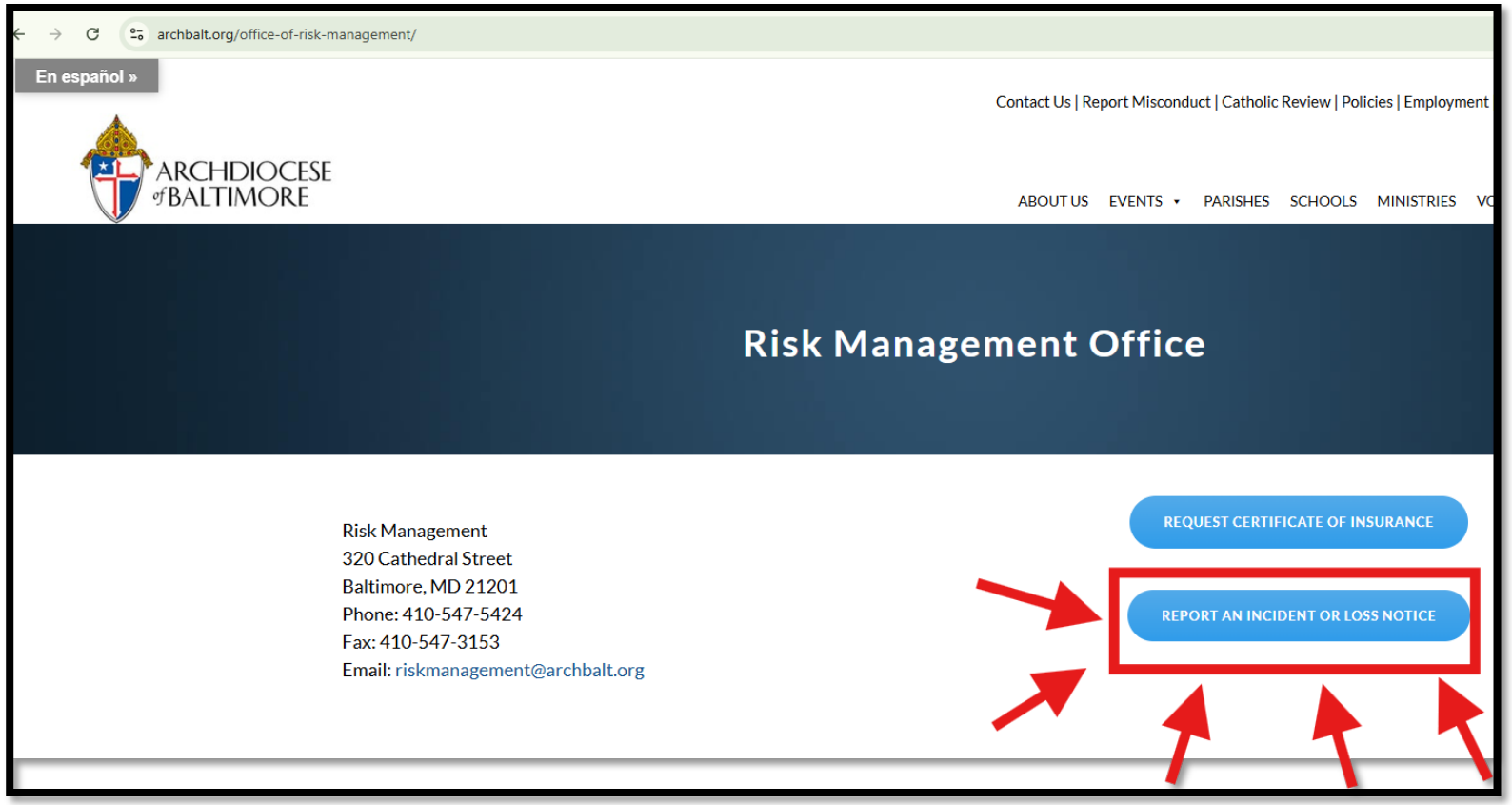
riskmanagement@archbalt.org

What is needed when updating property and vehicles

- Property:
  - Real property value (what it would cost to replace)
    - When signs/fencing/sheds, etc. are replaced, the value must be updated
  - Pictures
- Auto:
  - Adding:
    - Vehicle Identification Number (VIN)
    - Whether the vehicle is owned, leased, or financed
      - If leased or financed, the name and address of the company the vehicle is financed or leased through is needed.
    - A copy of the vehicle's MVA registration
  - Deleting:
    - Proof that the tags have been returned to the MVA

Report an Incident or Loss Notice

- Visit the Risk website and select the “REPORT AN INCIDENT OR LOSS NOTICE” button
- Select the appropriate type of loss
- Fill out the form to the best of your ability after selecting the type of loss
- Our office will reach out to the reporting source and provide the next steps



Selecting the correct Loss Notice

- Automobile Loss Notice ~If the incident involves damages arising out of the use of a location owned or leased automobile
- Property Loss Notice ~ If the incident involves property damage to a location owned building or property
- General Liability Loss Notice ~ If the incident involves property damage or bodily injury to a third party
- All Other Reporting Form ~ If the incident involves other circumstances including security breaches or threats, hazardous conditions or such
- Workers' Compensation First Report of Injury ~ If the incident involves an injured workers
- Report of Injury Form ~ For injuries not reported through the PowerSchool health suite. (School students or parish program participants)

Contacts



Billing: Typically, the head accountant. They will receive the monthly bill via email.



Business Manager/Office Manager: The main contact in the office



Facility Manager: The person in charge of building operations



Pastor/Principal: The administrator of the church or school



www.archbalt.org/risk

EMAIL: RISKMANAGEMENT@ARCHBALT.ORG

Risk Management Office

Risk Management
320 Cathedral Street
Baltimore, MD 21201
Phone: 410-547-5424
Fax: 410-547-3153
Email: riskmanagement@archbalt.org

REQUEST CERTIFICATE OF INSURANCE

REPORT AN INCIDENT OR LOSS NOTICE

Our Staff

Tom Alban, Sr Director, Risk Management 410-547-5424
Cathy O'Brien, Claims Manager 443-263-1950
Jim Dimmer, Loss Control Associate 410-547-5373
Andy Flood, Physical Security Design Associate 410-547-3159
Samuel Mastracci, Risk Management Assistant 410-547-3144
Diana Appel, Operations Associate 410-547-5529

ALERTS, NEWS AND NEWSLETTERS | BOILERS & FACILITY MAINTENANCE | CLAIMS | FACILITY USE | FAQ_GENERAL NOTES
GUIDELINES & CHECKLISTS | SAFETY AWARENESS TIPS | SCHOOLS | SCOUTING | STANDARD FORMS | QUICK LINKS

Complete listing of Alerts, News and Newsletters