## 2020-2021 Insurance Program

<table>
<thead>
<tr>
<th>Property</th>
<th>Owned Automobile</th>
</tr>
</thead>
<tbody>
<tr>
<td>Systems and Equipment Breakdown</td>
<td>Umbrella Liability</td>
</tr>
<tr>
<td>Crime</td>
<td>Workers’ Compensation</td>
</tr>
<tr>
<td>Inland Marine</td>
<td>Directors &amp; Officers Liability</td>
</tr>
<tr>
<td>General Liability</td>
<td>Employment Practices Liability</td>
</tr>
<tr>
<td>Hired and Non-Owned Automobile</td>
<td>Internet Liability</td>
</tr>
<tr>
<td>Professional Liability</td>
<td></td>
</tr>
</tbody>
</table>

**Insurance Program Administrator**  
EHD (Engle-Hambright & Davies, Inc.)  
350 Eagleview Blvd.  
Suite 110  
Exton, PA 19341

Contact: Robert J. Miller, Vice President, [rjmiller@ehd-ins.com](mailto:rjmiller@ehd-ins.com)  
or  
Leslie S. Korsunsky, Account Manager, [lskorsunsky@ehd-ins.com](mailto:lskorsunsky@ehd-ins.com)

Toll Free Telephone Number: 1-800-627-3732  
Facsimile: 610-280-0703
PROPERTY & LIABILITY
INSURANCE CONTACTS

Eastern PA Conference of the United Methodist Church
Secretary / Treasurer:
Mr. James Brown
(610) 666-9090

Insurance Agent:
Engle-Hambright & Davies, Inc.
350 Eagleview Blvd.
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EASTERN PENNSYLVANIA CONFERENCE OF THE UNITED METHODIST CHURCH INSURANCE BOOKLET

- Property
- Systems and Equipment Breakdown
- Crime
- Inland Marine
- General Liability
- Hired and Non-Owned Automobile
- Professional Liability
- Voluntary Owned Automobile
- Umbrella Liability
- Workers’ Compensation
- Directors & Officers
- Employment Practices Liability
- Internet Liability

Disclaimer:

This booklet provides a brief summary of the Eastern Pennsylvania Conference-Wide Insurance Program coverage features. It does not waive or alter any of the policy terms and conditions. If questions arise, reference should be made to the respective policy form for the complete terms, conditions, and exclusions. The original policy is available at the Conference Office and District Superintendent Offices.
INTRODUCTION

The purpose of this booklet is to provide general information about the group insurance program for the members of the Eastern Pennsylvania Conference of The United Methodist Church. A coverage summary is included for:

- Property, Systems and Equipment Breakdown, Crime, Inland Marine, General Liability, Hired and Non-Owned Automobile, Professional Liability
- Commercial Automobile (Owned Autos)
- Umbrella Liability
- Workers’ Compensation
- Directors & Officers Liability / Employment Practices Liability / Internet Liability

This program is intended to cover properties owned by the Eastern Pennsylvania Conference and its Affiliated “Church Units”, United Methodist Neighborhood Services, Districts, Agencies, and Wesley Foundations that are used for church related operations.

The program is not intended to include non-church related properties owned in whole or in part by Eastern Pennsylvania Conference. Non-church related properties include camps, commercial, manufacturing, mercantile, or industrial buildings, apartment buildings, or residential properties, except one or two family dwellings.

This program is the result of negotiations by the Conference Insurance Committee. The plan has been an ongoing service provided by and for the Conference office and the affiliated churches of the Eastern Pennsylvania Conference of The United Methodist Church. The Plan formally commenced on September 1, 1983 and is now in its thirty-fifth year. The majority of insurance coverages now renew on July 1st of each year.

The current insurance policies are written by:

- **Church Mutual Insurance Company** – Property, Systems and Equipment Breakdown, Crime, Inland Marine, General Liability, Hired and Non-Owned Automobile, Professional Liability, Commercial Automobile (Owned Autos) and Umbrella Liability
- **Philadelphia Insurance Companies** – Directors & Officers, Employment Practices Liability, Internet Liability
- **Eastern Alliance Insurance Company** - Workers’ Compensation/Employers Liability

Your insurance broker is EHD (Engle-Hambright & Davies, Inc.)
350 Eagleview Blvd., Suite 110, Exton, PA 19341
1-800-627-3732
Robert J. Miller, Vice President, ext. 232
Leslie S. Korsunsky, Account Manager, ext. 233

EHD, Inc. was selected by the Conference Insurance Committee and the Eastern Pennsylvania Conference of The United Methodist Church. All churches of the Eastern Conference are included in this insurance plan. The program costs are distributed to each church on an annual basis through the Conference Finance Office.
# TABLE OF CONTENTS

## SECTION I

<table>
<thead>
<tr>
<th>Package Insurance Plan</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Property Insurance</td>
<td>2</td>
</tr>
<tr>
<td>II. Systems and Equipment Breakdown Coverage</td>
<td>6</td>
</tr>
<tr>
<td>III. Crime Insurance</td>
<td>7</td>
</tr>
<tr>
<td>IV. Inland Marine Insurance</td>
<td>8</td>
</tr>
<tr>
<td>V. General Liability Insurance</td>
<td>9</td>
</tr>
<tr>
<td>VI. Hired and Non-Owned Automobile Insurance</td>
<td>11</td>
</tr>
<tr>
<td>VII. Professional Liability Insurance</td>
<td>12</td>
</tr>
</tbody>
</table>

**Voluntary Commercial Automobile Insurance Plan** | 13 |

**Commercial Umbrella Liability Insurance Plan** | 15 |

**Workers’ Compensation Insurance Plan** | 16 |

**Directors & Officers/Employment Practices/Internet Liability Insurance** | 17 |

## SECTION II

**General Questions and Reporting Changes** | 19 |

**Claim Reporting Procedures** | 20 |

**Eastern Alliance Claim Reporting Worksheet** | 21 |

**Foreign Missions & Outreach Insurance Plan** | 22 |

**Parental Consent Form** | 23 |

**Certificates of Insurance, Including Request Form** | 24 |

**User Agreement (Sample wording)** | 27 |

**Builders Risk Insurance** | 29 |

**Property Change Notification Form** | 30 |

**Automobile Change Notification Form** | 31 |

**Driver’s List** | 32 |

**Accident Investigation Report** | 33 |

**Notice of Insurance Loss** | 34 |

**Risk Control and Safety Resources** | 35 |

**Requesting Boiler Inspections** | 36 |
SECTION I
SUMMARY OF INSURANCE COVERAGE

PROPERTY, SYSTEMS AND EQUIPMENT BREAKDOWN, CRIME, INLAND MARINE, GENERAL LIABILITY, HIRED AND NON-OWNED AUTOMOBILE, PROFESSIONAL LIABILITY

POLICY NUMBER: 0500016-02-128504

Policy Term: July 1, 2020 – July 1, 2021

Church Mutual Insurance Company
3000 Schuster Lane
Merrill, WI  54452

Named Insured: Eastern Pennsylvania Conference of The United Methodist Church and Affiliated Churches, United Methodist Neighborhood Services, and their related and/or controlled properties.

➢ The word “Affiliated” is intended to include Yoked and Federated Congregations

➢ Includes Officers, Directors, Trustees, Employees and Volunteers While Acting Within The Scope Of Their Duties For The Named Insured

Mailing Address: P.O. Box 820
Valley Forge, PA 19482-0820

Location Address: 980 Madison Avenue
Norristown, PA 19403
I. Property Insurance

This policy will pay for direct physical loss or damage to covered property caused by or resulting from a covered cause of loss. The policy provides coverage for all church owned buildings, including stained glass windows and pipe organs, and business personal property (contents) used for church purposes. The amount of property coverage available for each church is dependent upon the values for each building currently on file with the Insurance Company.

Coverage:

- Blanket Building and Contents per Congregation Values on file with Company
- Deductible per Occurrence $1,000
- Valuation - Building and Contents Replacement Cost
- Covered Cause of Loss Special
- Automatic Increase in Insurance Coverage - keeps pace with inflation.
- Agreed Value Coverage - removes coinsurance provision.
- Identity Theft and Recovery – combines identity theft insurance with recovery services to help victims restore their credit history and identity records.
- Limited Flood - provides a limited amount of flood/surface water coverage subject to the provisions (deductible and valuation) of the policy. This coverage is primary over any other collectible insurance and is not intended to be a substitute for catastrophic flood coverage.
- Limit: $25,000
Coverage Extensions and Additional Coverages

- Newly Constructed Buildings (up to 180 days) $2,000,000
- Newly Acquired Buildings and their Contents (up to 180 days) $2,000,000
- Personal Property of Others - Officers, trustees, employees, members and guests, at premises only $25,000
- Business Personal Property of Clergy - at or away from premises $25,000
- Valuable Papers and Records $50,000
- Property Temporarily Off-premises (up to 180 days) $25,000
- Outdoor Trees, Shrubs, Plants and Lawns - subject to covered perils $25,000, up to $2,500 per item
- On-premises Outdoor Structures – Including maintenance buildings and their contents, statuary, fences, pavilions, light poles, television antennas and satellite dishes. $25,000
- Dwelling – 10% of value of dwelling for related structures, 5% for church owned property in the dwelling, 10% for loss of dwelling rental value and 10% for additional living expenses of occupants. See policy description
- Debris Removal 25% of the loss plus $25,000 if necessary
- Preservation of Property – Included in policy limits
  For covered property moved off-premises for up to 30 days to protect it from a covered cause of loss.
- Fire Department Service Charges $50,000
Coverage Extensions and Additional Coverages (continued)

- Institutional Business Income and Extra Expense $250,000
- Lock Repair or Replacement - $10,000
  if keys are stolen in an insured theft loss
- Refrigerated Food Spoilage – $10,000
  if caused by an off-premises power failure
- Arson Reward $20,000
- Pollution Clean-up – $10,000
  due to a covered cause of loss
- Personal Tools and Equipment of Others – $5,000
  Used in construction, renovation or repair of your premises
- Fire Extinguisher and Fire Suppression System Recharge – Actual cost
  Actual Cost to recharge fire extinguishers after use in a fire,
  or for recharge of a fire suppression system due to discharge
  or leakage caused by a covered cause of loss.
- Increased Costs due to Enforcement of Building Ordinances – $500,000
  Includes the costs of demolishing the undamaged portion of
  a building, the value of the undamaged portion that must be
demolished, the increased cost to repair or rebuild
**Property Coverage Exclusions include, but are not limited to:**

Earth Movement Exclusion  
Utility Services Failure Exclusion  
War and Military Action Exclusion  
Fungus, Wet Rot, Dry Rot & Bacteria Exclusion  
Dishonest or Criminal Acts Exclusion  
Continuous or Repeated Seepage Exclusion  
Loss Due to Virus or Bacteria Exclusion  
Mysterious Disappearance Exclusion  
Exclusion of Certified Acts of Terrorism  
Governmental Action Exclusion  
Nuclear Hazard Exclusion  
Flood Exclusion*  
Pollutants Exclusion  
Nesting or Infestation Exclusion  
Voluntary Parting Exclusion  
Wear and Tear Exclusion  
Neglect Exclusion

*Only Limited Flood coverage is provided by this policy. EHD can provide individual flood coverage for your church. If you are required by your mortgage lender to carry flood insurance, or simply wish to obtain a quote for this coverage, please contact EHD.

Note: If your church is planning to construct a new building or planning an addition to an existing building, please contact EHD for information on adding Builder’s Risk Coverage for your construction projects. Refer to page 29 for more information.
II. Systems and Equipment Breakdown Coverage

This coverage adds mechanical breakdown, artificially generated electrical currents, steam boiler explosion and internal damage to steam boilers as additional covered causes of loss.

The following causes of loss are excluded unless they result in a covered cause of loss: wear and tear, depletion, deterioration, corrosion or erosion.

Among the items included in this coverage are your:

- Computers, telephone systems, fax machines and copiers
- Sound, lighting and video equipment
- Air conditioning motors, compressors, systems and piping
- Electrical cable, wiring, panel boards, transformers and switch gear
- Steam boilers, steam piping, steam turbines, steam engines and gas turbines
- Engines, motors, compressors, turbines, pumps, fans, blowers and generators.
- Alarm systems, elevators and more

Limits of Coverage

- Limit per accident: Included in property limit
- Valuation: Repair or replacement
- Hazardous Substance, excluding ammonia: $100,000
- Property Damage Deductible: $1,000

Systems and Equipment Breakdown Exclusions include, but are not limited to the following:

Ammonia Contamination Exclusion
Frost, Freezing or other Effects of Cold Weather Exclusion
Ice, Snow, Sleet, or Hail Whether Driven by Wind or Not Exclusion
Wind Exclusion
Water or Liquid Damage Exclusion
Depletion, Deterioration, Corrosion or Erosion Exclusion
Wear and Tear Exclusion

Note: See page 36 for instructions on how to order a boiler inspection.
III. Crime Insurance

**Employee/Volunteer Dishonesty**

Limit: $100,000

Blanket bond providing coverage for dishonest acts of your employees and volunteers.

There is no deductible.

**Forgery or Alteration**

Limit: $50,000

Provides coverage for loss caused by the forgery or alteration of checks, drafts, promissory notes, or similar written promises, orders, or directions to pay a sum certain in "money" that are:

1. Made or drawn by or drawn upon you;
2. Made or drawn by one acting as your agent; or
3. Purported to have been so made or drawn.

There is no deductible.

**Theft of Money and Securities**

Limit: $25,000*

Provides coverage for loss resulting from theft, disappearance and destruction of money and securities, inside or outside/on or off premises.

*This limit will be doubled from one week before through one week after the following days: Easter, Mother’s Day, Christmas.

Deductible: $500 per occurrence.

**Crime Exclusions include, but are not limited to, the following:**

- Governmental Authority Exclusion
- Nuclear Reaction, Radiation or Radioactive Contamination Exclusion
- War Exclusion
- Accounting Errors or Omissions Exclusion
IV. Inland Marine Insurance

The following limits are included per Congregation. Contact EHD if you would like a specific quote for higher limits.

**Fine Arts**
- Valuation: Replacement Cost
- Limit: $100,000
- Deductible: $1,000

**Premises Maintenance Equipment**
- Valuation: Actual Cash Value
- Limit: $30,000
- Deductible: $1,000

**Portable Office Equipment**
- Valuation: Replacement Cost
- Limit: $5,000
- Deductible: $1,000

**Musical Instruments (Other than Individuals)**
- Valuation: Actual Cash Value
- Limit: $25,000
- Deductible: $1,000

**Accounts Receivable**
- Valuation: Actual Cash Value
- Limit: $25,000
- Deductible: $1,000

**Pastor’s Property in Transit***
- Valuation: Actual Cash Value
- Limit: $25,000
- Deductible: $1,000

*Insurance provided by this coverage part is intended to cover personal property of those pastors and their families that are affiliated with the Eastern PA Conference of the United Methodist Church that are required to move as a result of accepting a new appointment within the Conference. This insurance covers against direct physical loss to the above mentioned personal property only:

1. While in transit from the old location to the new location;
2. While being loaded and unloaded at either the old or the new location.

All other terms and conditions remain the same.

**Inland Marine Exclusions include, but are not limited to, the following:**

- Governmental Action Exclusion
- Nuclear Hazard Exclusion
- War and Military Action Exclusion
- Deterioration Exclusion
- Wear and Tear Exclusion
V. General Liability Insurance

This provides coverage for your members, clergy, elected or appointed officials and board members, employees, volunteers and most organizations that you control. Protection is provided against claims for negligence involving bodily injury, property damage, personal injury (such as libel and slander, including those arising from your incidental broadcasting and publishing activities), and advertising injury. This protection applies to your sponsored activities, even if away from your premises, within the coverage territory (United States of America and its Territories and Possessions, Puerto Rico, and Canada). If you are traveling overseas, please contact EHD as you will require separate insurance for foreign travel.

Limits of Coverage

Bodily Injury and Property Damage Liability (per occurrence) $1,000,000

Personal and Advertising Injury (per occurrence) $1,000,000

Products and Completed Operations Aggregate
  -Limit per policy year at each location $1,000,000

General Aggregate (other than Products/Completed Operations and Sexual Misconduct or Molestation)
  -Limit per policy year at each location $3,000,000

Property Damage Legal Liability
  -Any one occurrence at one location $1,000,000

Medical Expense Limit (Includes Athletic Activities)*
  -Per person (other than Sexual Misconduct or Molestation) $15,000

*Note – medical expense coverage for most operations of the insured is on a primary basis, however, for camps, schools and day cares, it is excess.

Sexual Misconduct or Molestation (Combined)
All locations and operations
  -Each Occurrence $1,000,000
  -Annual Aggregate $3,000,000

Sexual Misconduct or Molestation Medical Expenses
  -Per Person $10,000
  -Annual Aggregate $50,000
Legal Defense Coverage
- Each Defensible Incident Limit $5,000
- Annual Aggregate $15,000
- Deductible per occurrence $250

Catastrophic Violence Response
- Per Person $50,000
- Each Violent Incident Limit $300,000
- Violent Incident Aggregate Limit $300,000

Corporal Punishment Subject to the general liability limits of the policy

Cemetery Liability Subject to the general liability limits of the policy

**General Liability Exclusions include, but are not limited to, the following:**

Expected or Intended Injury Exclusion

Contractual Liability Exclusion

Workers’ Compensation Exclusion

Employers Liability Exclusion

Aircraft, Auto or Watercraft Exclusion

Damage to Your Property Exclusion

Asbestos Liability Exclusion

Cyber Liability Exclusion

Lead Liability Exclusion

Exclusion of Certified Acts of Terrorism

Nuclear Energy Liability Exclusion

War Liability Exclusion
VI. Hired and Non-Owned Automobile Insurance

These coverages protect your facility for liability when you rent or borrow a vehicle for use on official business and when vehicles owned and driven by your employees or anyone else are used on the job or on behalf of your facility. This liability coverage is excess over any personal automobile policy.

Physical damage coverage is also provided for short-term rental vehicles.

Medical expense insurance is available to cover the minor expenses of injuries to persons occupying a hired or non-owned automobile. This coverage is also excess insurance meaning it applies after any other valid and collectible insurance is paid.

**Limits of Coverage**

- **Hired and Non-Owned Automobile Liability Coverage**
  - Excess Insurance over any Personal Automobile policy.
  - Each Occurrence $1,000,000
  - Annual Aggregate $3,000,000

- **Medical Expense Coverage – Excess Insurance**
  - Each Person $15,000
  - Annual Aggregate $25,000

- **Rental Automobile Contractual Liability**
  - Physical Damage Annual Aggregate $250,000
  - Deductible per occurrence $250

**Hired and Non-Owned Automobile Exclusions include, but are not limited to, the following:**

- Exclusion of Certified Acts of Terrorism
- Pollution Exclusion
- Expected or Intended Injury Exclusion
- Workers’ Compensation Exclusion
- Contractual Liability Exclusion
VII. Professional Liability Insurance

Counseling Professional Liability Insurance

Coverage for damages because of injury that arises out of a counseling incident. A counseling incident is an act or omission in the furnishing of counseling services (counseling by other than psychologists, psychiatrists or clinical social workers).

- Each Occurrence $1,000,000
- Annual Aggregate $3,000,000

Employee Benefits Liability

Coverage for damages because of loss arising out of an act or omission in the administration of employee benefit programs. Defense costs are within the limits of insurance.

- Each Claim $1,000,000
- Annual Aggregate $3,000,000
- Deductible $1,000
- Retroactive Date 11/20/2003

Professional Liability Exclusions include, but are not limited to, the following:

- Financial Counseling Exclusion
- Workers’ Compensation Exclusion
- Dishonest or Criminal Acts Exclusion
- Exclusion of Certified Acts of Terrorism
- Aircraft, Auto or Watercraft Exclusion
- Exemplary or Punitive Damages Exclusion
VOLUNTARY COMMERCIAL AUTOMOBILE INSURANCE PLAN

Automobile Insurance for Church vehicles, owned or leased, through the Conference Insurance Program is not mandatory; however, coverage may be purchased through the program by contacting EHD, Inc. at 1-800-627-3732.

SUMMARY OF INSURANCE COVERAGE

Church Mutual Insurance Company
3000 Schuster Lane
Merrill, WI 54452

Master Policy Term: July 1, 2020 to July 1, 2021
Policy Number: 0500016-09-129260

Liability Limits – Any One Accident

- Combined Single Limit (Bodily Injury and Property Damage) $1,000,000
- PA Added First Party Benefits (Per Insured):
  - Work Loss Benefits up to $5,000, subject to max of $1,000 per month
  - Funeral Expense Benefits up to $2,500
  - Accidental Death $10,000
  - Medical Expense Benefits up to $100,000
- PA Extraordinary Medical Benefits Coverage (Per Insured): Medical Expense Benefits $1,000,000
- Uninsured Motorists Liability – Non-Stacked $1,000,000
- Underinsured Motorists Liability – Non-Stacked $1,000,000
Auto Physical Damage

- Comprehensive– Deductible: $500
- Collision – Deductible: $500
- Valuation Actual Cash Value

Coverage Territory

- The United States of America and its territories and possessions
- Puerto Rico
- Canada
- If traveling overseas, you may require separate coverage. Please contact EHD.

NOTE: THERE IS NO COVERAGE PROVIDED IN MEXICO.

Commercial Automobile Insurance Exclusions include, but are not limited to, the following:

- Workers’ Compensation Exclusion
- Contractual Exclusion
- Expected/Intended Injury Exclusion
- Nuclear Hazard Exclusion
- Pollution Exclusion
- Racing Exclusion
- War Exclusion
- Exclusion of Terrorism

Please contact EHD, Inc. to submit new drivers.
Drivers list form can be found on page 32.

NO AUTOMATIC COVERAGE IS PROVIDED. ALL VEHICLE CHANGES MUST BE REPORTED TO EHD, INC.
COMMERCIAL UMBRELLA LIABILITY INSURANCE PLAN

SUMMARY OF INSURANCE COVERAGE

Church Mutual Insurance Company
3000 Schuster Lane
Merrill, WI 54452

Master Policy Term: July 1, 2020 to July 1, 2021
Policy Number: 0500016-81-129261

Umbrella liability coverage is extended over the following:
- General Liability (Bodily Injury, Property Damage, Personal Injury and Advertising Injury and Products and Completed Operations)
- Hired and Non-owned Automobile Liability
- Business Automobile Bodily Injury and Property Damage Liability
- Pastoral Counseling Liability
- Workers' Compensation Employer’s Liability

Umbrella liability coverage is not extended over the following:
- Directors, Officers & Trustees Liability
- Employment Practices Liability
- Employee Benefits Liability
- Sexual Misconduct/Sexual Molestation Liability
- Cyber Liability
- Nuclear Energy Liability
- Asbestos Liability
- Lead Liability

The self-insured retention is applicable only if there is no underlying insurance coverage available.

<table>
<thead>
<tr>
<th>LIMITS OF INSURANCE</th>
<th>CONFERENCE-WIDE LIMIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Each Occurrence</td>
<td>$20,000,000</td>
</tr>
<tr>
<td>General Aggregate</td>
<td>$20,000,000</td>
</tr>
<tr>
<td>Self-Insured Retention</td>
<td>$10,000</td>
</tr>
</tbody>
</table>
SUMMARY OF INSURANCE COVERAGE

Eastern Alliance Insurance Company
PO Box 83777
Lancaster, PA  17608-3777

Master Policy Term:     July 1, 2020 to July 1, 2021
Policy Number:          01-0000030188-14

Limits of Insurance

- Coverage A: Workers’ Compensation

- Coverage B: Employers Liability
  - Bodily Injury by Accident – each accident $1,000,000
  - Bodily Injury by Disease – each employee $1,000,000
  - Bodily Injury by Disease – policy limit $1,000,000

Workers’ Compensation Claims Reporting

Note: Please inform Eastern Alliance as soon as possible after the incident has occurred (within 24 hours, if possible).

Call Eastern Alliance at 1-800-336-3658 and provide the following information:

1. Identify yourself as a participant in the EASTERN PENNSYLVANIA CONFERENCE INSURANCE PROGRAM
2. Name of Church or Church Entity reporting claim and church ID number
3. Name of the person and telephone number for the adjuster to contact
4. Date, time, location of occurrence, and a brief description of what happened
SUMMARY OF INSURANCE COVERAGE

Philadelphia Insurance Companies
One Bala Plaza, Suite 100
Bala Cynwyd, PA 19004

Master Policy Term: July 1, 2020 to July 1, 2021
Policy Number: PHSD1553212

Limits of Insurance:

- Per Claim Limit (shared between D&O, EPL & Internet) $1,000,000
- Aggregate Limit Per “Church Entity” $1,000,000
- Conference-Wide Annual Aggregate Limit $10,000,000
- Deductible Per Claim – D&O and EPL $2,500
- Deductible Per Claim – Internet $0
- Defense Costs (shared between D&O, EPL & Internet) $1,000,000

Directors & Officers, Employment Practices, and Internet Liability Exclusions include, but are not limited to, the following:

Sexual Misconduct

THIS IS A CLAIMS MADE POLICY FORM

PROVIDE WRITTEN NOTIFICATION OF ANY CLAIM AS SOON AS PRACTICAL
SECTION II
GENERAL QUESTIONS AND REPORTING CHANGES

Direct any questions that you may have about this Insurance Program or if you have changes to make regarding property, automobile, etc. to Engle-Hambright & Davies, Inc. by calling:

- Toll Free Telephone Number: 1-800-627-3732
  Monday through Friday, 8:00 a.m. to 4:30 p.m.

- Mail, Fax or E-mail to:

  Engle-Hambright & Davies, Inc.
  Attn: Robert J. Miller or Leslie S. Korsunsky
  350 Eaglevie Blvd., Suite 110
  Exton, PA 19341

  Facsimile: 610-280-0703

  E-mail: rjmiller@ehd-ins.com
          lskorsunsky@ehd-ins.com

Report any of the following coverage changes to ENGLE-HAMBRIGHT & DAVIES, INC.

- Newly Formed Ministries
- Newly Formed Church Managed Child Care Program, e.g. Day Care, Mothers’ Day Out
- Anticipated New Construction
- Acquisition or Disposal of Property – Land or Buildings
- Vehicles - Newly Acquired or Disposed of
- New Drivers for the Voluntary Auto Program.
- Foreign Missions or trips planned for church affiliated groups.
CLAIM REPORTING PROCEDURES

A. Workers’ Compensation:

Report claims to the Eastern Alliance Claim Support Center, 24 hours/day, 7 days/week at 1-800-336-3658.

Note: See worksheet on page 21 for information needed to report claim.

B. All Other Claims:

Between 8:00am and 4:30pm Monday thru Friday, contact Julia Sechrist of EHD at: 717-394-5681 ext. 225, fax 717-390-4339 or jsechrist@ehd-ins.com.

After hours and on weekends, please report claims directly to Church Mutual Insurance Company via one of the following methods:

- 24 hour call center: 1-800-554-2642, option #2
- Fax: 715-539-4651
- Email: claims@churchmutual.com
- Online: Go to www.churchmutual.com, click on “File a Claim”

Please reference the following policy numbers when reporting your claim:

<table>
<thead>
<tr>
<th>POLICY TYPE</th>
<th>POLICY NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Automobile</td>
<td>0500016-09-129260</td>
</tr>
<tr>
<td>Workers’ Compensation</td>
<td>01-0000030188-14</td>
</tr>
</tbody>
</table>

Please also be ready to provide the following information:

1. Identify yourself as a participant in the EASTERN PENNSYLVANIA CONFERENCE INSURANCE PROGRAM
2. Name of Church or Church Entity reporting claim and church ID number
3. Name of the person and telephone number for the adjuster to contact
4. Date, time, location of occurrence, and a brief description of what happened
EASTERN ALLIANCE CLAIM REPORTING WORKSHEET

24/7 TELECLAIM: 1.800.336.3658 / ONLINE: WWW.EAINS.COM
- DO NOT FAX OR EMAIL THIS FORM TO US –

General Information
Date of Loss/Injury: __________________________ Jurisdiction State: __________________________
Submitter Name and Title: ______________________________________________________________
Submitter Phone #: (___) __________________________ Ext. __________________________
Who will be the contact person for the claim?: __________________________________________________
First Report of Injury Distribution:
If you would like the First Report of Injury Emailed to you please provide an email address (you can provide up
to 2):
(__________________________) __________________________
If you would like the First Report of Injury Faxed to you, please provide a fax number (you can provide up to 2):
(______) __________________________

Insured Information
Employer Name: ____________________________________________________________
Employer Mailing Address: ______________________________________________________
County: __________________________
Employer Phone Number: __________________________ Nature of Business: __________________________
Physical address if different than mailing address: __________________________________________
County: __________________________
Location Code/Name where accident occurred: __________________________________________
Policy Number: __________________________

Injured Worker Information
Injured Worker's SSN: __________-____-____
Injured Worker's Name and mailing address: _________________________________________________
Injured Worker's Phone # with area code: (___) __________________________ Gender: _________ Marital Status: _________
Birth date: ____/__/____ # of Dependents: _________
Hire date: ____/__/____ State of Hire: _________ Job Title: __________________________
Employment Status: __________________________ Was the injured worker paid for the day of injury?: _________
Supervisor Name and Phone #: __________________________ (___) __________________________ Ext. _________

Incident Information
Did the accident occur on the employer's premises?: _________
If No, provide the accident Site name/Address: __________________________________________
Time of Injury: _________ a.m./p.m. Time Shift began: _________ a.m./p.m.
Did the Injured Worker lose time as a result of the injury?: _________
Date last work or # of days off: _________ First day off of work: _________
Has the Injured Worker returned to work?: _________
Date Employer notified of the injury: _________ Name of person notified: __________________________
Did the injury result in death?: _________
Nature of injury: __________________________ Body part injured: __________________________
Cause of injury: __________________________
Description of accident: ______________________________________________________________

Were safeguards or safety equipment provided?: _________ If Yes, were they used? _________

Witness Information
Witness Name and Phone #: __________________________________________ (___) __________________________
Witness Name and Phone #: __________________________________________ (___) __________________________

Treatment Information
What type of initial treatment did the Employee receive?: __________________________________________
Was there emergency/or ambulance service provided at time of loss?: __________________________
Name, address, phone number of medical provider/facility: __________________________________________

Is the Doctor a panel provider?: _________

21
FOREIGN MISSIONS & OUTREACH INSURANCE PLAN

For Trips, Projects, and Activities outside of the United States
As reported and scheduled

This is an OPTIONAL Coverage.

Why Do I need it?

The general liability, automobile, and workers’ compensation policies purchased by the Eastern Pennsylvania Conference provide very limited and/or no coverage whatsoever for foreign travel outside of the United States, its territories, and possessions, including Puerto Rico, Canada, Bermuda, Bahamas, Cayman Islands, and British Virgin Islands. It is necessary to purchase additional insurance to cover you for trips outside this coverage territory.

Your entity will be a named insured, and the official participants will be additional insureds for liability insurance (no coverage for personal effects or other property). The entity receives a binder for the trip and medical cards for each participant listed on the policy.

Note: Most destination countries are eligible for coverage, but most insurance companies do not insure trips into countries or jurisdictions subject to trade or economic sanctions imposed by the United States Government. Check with the web site www.treas.gov/ofac for up-to-date information.

How does this work?

All United Methodist agencies, churches, and institutions may participate in this coverage by contacting the conference’s insurance broker, EHD, Inc. Specific Coverage must be arranged prior to each trip.

How do I sign-up?

Contact EHD, Inc. for all additional information and applications at:

EHD, Inc. Robert J. Miller, Vice President
350 Eaglevie Blvd. rjmiller@ehd-ins.com
Suite 110
Exton, PA 19341 Leslie S. Korsunsky, Account Manager
800-627-3732 lskorsunsky@ehd-ins.com
This Parental Consent Form gives permission for my child to participate in an activity sponsored by a local church, cluster, District of the Eastern Pennsylvania Conference of The United Methodist Church. (All portions of this form shall be completed for registration).

Name of child………………………………………………..Telephone…………………………
Address……………………………………………………………………………………………

I give permission for my child…………………………….……
……………………………………to attend and participate in
(full name of child)
……………………………………………………………………………………………………
(name of event)
……………………………………………………………………………………………………
(place of event)

My child has the following physical condition that may require special attention:
(  ) Diabetes (  ) Hyperventilation (  ) Convulsions (  ) Seizures (  ) Allergies
(  ) Other (please specify)……………………………………………………………………

Does your child require any special accommodations or have special accessibility needs?
Explain…………………………………………………………………………………………
(A counselor or youth staff member will contact you to discuss these needs.)

Medical Treatment Release and Liability Release
I hereby authorize event staff to obtain and give consent for medical treatment for my child for
such injury or illness that may occur during the event and hereby hold the event staff and their
representatives harmless in the exercise of this authority.

I give permission for my child to be transported in vehicles operated by the adults in whose care
the minor has been entrusted while attending and participating in this event.

It is my understanding that the above named participant will be covered by my personal medical
insurance. The event provides limited/supplemental medical payment coverage for injuries
arising out of the event activities which is payable in excess of any other collectible insurance.
Payments of any medical injuries not covered by my insurance or the event
limited/supplemental medical insurance will be paid by me.

Name of parent/guardian (Please print)……………………………………………………………………
Signature of parent/guardian……………………………………………………………………………..Date…………………………
Telephone: Home………………………………………………………………Office……………………………………
Medical Insurance Carrier……………………………………………………………………………..Group No………………

This form is made available by the Property & Casualty Insurance Committee of the
Eastern Pennsylvania Conference of the United Methodist Church and may be copied.
Approved by Conference Chancellor and Conference.
CERTIFICATES OF INSURANCE

Certificates of Insurance serve as proof of insurance to a mortgagee, loss payee, or other third party (certificate holder) and are typically required by contract. Certificates of Insurance are specific to each certificate holder, and therefore must be requested individually as the need arises. You should request certificates annually for long term leases or contracts.

EHD will provide Certificates of Insurance to the Churches upon request. If you require a Certificate of Insurance please provide the following (see certificate request form on page 25):

- The name and address of the Certificate Holder
- Reason for certificate and interest of Certificate Holder
- Detailed dates of when the activity begins and ends

There may also be occasions where the churches will want to request a certificate of insurance from others. Some of the reasons for the local Church to request a Certificate of Insurance are:

- **Work Performed** – All Contractors performing any work on church properties should provide a Certificate of Insurance evidencing General Liability, Automobile Liability, and Workers’ Compensation Insurance.

- **Using the Church** – Any outside organization using the church premises or properties should provide a Certificate of Insurance with evidence of General Liability and Workers’ Compensation Insurance. For organizations that do not have insurance coverage and thus cannot provide a certificate of insurance, the church may want to reconsider whether that organization is permitted to use the church facilities. Individual parties who use church premises or properties can, in most cases, have their homeowners or renters insurance automatically extend liability coverage. If their homeowners or renters insurance will not extend coverage, they have the option to purchase a one day event policy to cover their liability. Individual parties that rent church-owned dwellings to live in, should sign a lease and show proof of renter’s insurance which includes property damage legal liability coverage.

The Certificate of Insurance should indicate proper insurance coverage, limits, name of the insurance company, policy number, effective dates of coverage, and, in most cases, name the church and Conference as an Additional Insured (see sample certificate provided on page 26). Additional insured status is typically free on a commercial (business) insurance policy; however there may be a small charge on a homeowners or renters policy.

Upon receipt, examine the Certificate of Insurance to make certain it includes the requested information and is deemed satisfactory prior to entering into an agreement with any party.

The practice of obtaining Certificates of Insurance in conjunction with the User Agreement (page 27 of this booklet) will help to ensure that claims for which third party users are responsible will be covered by their own insurance, not the churches. This will go a long way towards keeping insurance costs down for all churches in the Conference.
EASTERN PA CONFERENCE CERTIFICATE REQUEST FORM

Date: __________________________ Church ID#: __________________________

Church Name and Mailing Address:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Requested By: ___________________________________________________________

Phone: __________________________ Fax: __________________________

Email: __________________________________________________________________

Certificate Holder Name and Address:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Attention: __________________________ Fax: __________________________

Email: __________________________________________________________________

Add Cert. Holder as: Mortgagee_____ Loss payee_____ Additional Insured_____

If cert holder is a bank or leasing/finance company, please describe property being leased/financed and provide mortgage/account/contract no. for reference:

________________________________________________________________________
________________________________________________________________________

Date & Description of event/rental:

________________________________________________________________________

1. Is this a church-sponsored activity? __________________________

2. Does the Board of Trustees exercise direct, complete and active control over the finances, properties and operations of the activity? __________________________

3. Does the church have a contract? (For equipment lease, or use of property. If so, please have the insured fax a copy.) __________________________
CERTIFICATE OF LIABILITY INSURANCE

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

<table>
<thead>
<tr>
<th>Insurance Agent Name</th>
<th>Phone (A/C, No, Ext):</th>
<th>Contact Name</th>
<th>Insurance Agent Phone</th>
<th>Fax (A/C, No):</th>
<th>Ins Agent fax</th>
<th>Address of Contractor or Organization</th>
</tr>
</thead>
</table>

INSURED

<table>
<thead>
<tr>
<th>Name of Contractor or Organization</th>
<th>Address of Contractor or Organization</th>
<th>City, State Zip</th>
</tr>
</thead>
</table>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

(Your Church Name) United Methodist Church and Eastern Pennsylvania Conference of the United Methodist Church are named as Additional Insureds with respect to the General Liability policy for (specify work to be performed).

CERTIFICATE HOLDER

<table>
<thead>
<tr>
<th>Church name</th>
<th>Church address</th>
<th>City, State Zip</th>
</tr>
</thead>
</table>

CERTIFICATE MAY BE 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 HERIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Addresses, phone numbers, and email addresses are not clearly visible due to the image quality. They should be filled in by hand or directly from the carrier's records.
PURPOSE:

This document is recommended to be used by churches of the Eastern Pennsylvania Conference of The United Methodist Church who give permission to use church property/facilities to non-church groups/individuals (User). The Conference insurance policy covers only church activities under the control of the local church. Non-church groups/individuals using church facilities, even though permission has been given, do so with the understanding that the local church does not cover losses or liabilities incurred by non-church groups/individuals.

Remember:

If the various groups using the church premises have their own insurance, a certificate of insurance naming the church as additional insured should be requested of them (see pages 24-26) in addition to the user agreement.
USER AGREEMENT

This Agreement entered into this ____________ day of ____________ (month) of the year ____________, by and between __________________________ United Methodist Church of _________________________________________________________ ("UMC") and ____________________________________________________________ ("User") (address) _________________________________________________________.

WHEREAS, UMC is the owner of a building located at ____________________________________________________________.

NOW, THEREFORE, in consideration of the mutual promises contained herein and other good valuable consideration the parties hereto agree as follows:

1. UMC shall make available to Use (description of facilities):

from ________________ to ________________. (dates)

2. User agrees to indemnify and hold UMC harmless from any and all liability including attorney's fees arising out of User's use of the above premises or the building of which the facilities are a part or the parking facilities on or adjacent therefore (hereinafter "the facilities").

3. User understands that the responsibility to obtain liability and property insurance is upon the User. It is not the duty or responsibility of UMC to insure the User's use of the facilities. It is recommended that the User obtain its own liability and property coverage for its use of the facilities.

4. User agrees to abide by and obey all laws, ordinances, and regulations promulgated by any government unit having jurisdiction in UMC's locale. User will not engage in any activities in violation of such laws, ordinances, rules and regulations.

5. UMC may terminate this Agreement at any time by written notice.

IN WITNESS THEREOF, the undersigned parties have executed the Agreement as of the day and year first written.

Signed ________________________________ ________________________________
(UMC Representative) (User Representative)

______________________________ ________________________________
(Name of Church) (Name of User)

______________________________ ________________________________
(Address) (Address)

______________________________ ________________________________
(Telephone Number) (Telephone Number)
BUILDERS RISK INSURANCE

Builders Risk Insurance is necessary when you are contemplating new construction or additions/renovations to your existing buildings.

Please contact EHD prior to the start of construction so that we can secure the appropriate additional insurance. We will require the following information regarding your project:

Proposed start and completion dates: Start__________ Complete__________

Intended occupancy (church, education building, etc.): ____________________________________________________________

Is project:     New____ Renovation____ Repair____ Addition____

Type of construction: Frame ____ Masonry ____ Metal ____ Other ____
Exterior Wall Material: Brick____ Metal Siding ____ Vinyl Siding ____ Other ____
Height of Side Walls: ______  Pitch of Roof: _______

Number of floors: _____  Square foot area of each floor above ground: ______
Square foot area of basement: _____  Total Square foot area: ______

Special Features, check all that apply:
___ Elevator ____ Heating/AC (indicate type)
___ Sprinklered ____ Adding pews (indicate # and length)

Was building designed by an architect? ___ Y ___ N  (if no, provide details) _______________________________________

Choose one method of construction that applies to this project. You will:
___ Hire a general contractor to complete the entire building project
___ Hire a general contractor and also use volunteer workers/employees to complete the building project.
___ Act as the general contractor or hire a construction supervisor. Use volunteer workers/own employees, but may subcontract work such as plumbing, electrical, etc.

Total estimated replacement cost of construction project:  $_________________

Indicate the value of construction:  

<table>
<thead>
<tr>
<th>Completed by Contractor</th>
<th>$ _______________</th>
<th>Completed by Volunteers</th>
<th>$ _______________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed by Insured Employees</td>
<td>$ _______________</td>
<td>Completed by Subcontractors</td>
<td>$ _______________</td>
</tr>
<tr>
<td>Completed by Construction Supervisor</td>
<td>$ _______________</td>
<td>Certificates of Insurance must be obtained from all contractors or a liability charge will be applied.</td>
<td></td>
</tr>
</tbody>
</table>

Name and address of mortgagee or loss payee, if applicable:
________________________________________________________________________
________________________________________________________________________

Name of Contractor: __________________________  Phone Number: __________________________

Who is responsible for theft of building materials prior to installation: ___ Owner/Insured ___ Contractor
If owner/insured, max value of materials on site at any one time $ _______________

Is coverage requested for materials in transit or stored elsewhere? ___ Y ___ N.
If yes, provide where stored, how transported and value for each.

Indicate security measures being used: ___ night lighting ___ watchman service ___ site is fenced ___
___ church employees on premises ___ church volunteers ___ other (describe): __________________________

__
PROPERTY CHANGE NOTIFICATION FORM

Please complete a copy of this form and submit it to EHD whenever insurance coverage needs to be changed due to any of the following:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>____ purchase of new land or building</td>
<td>____ sale of existing building or land</td>
</tr>
<tr>
<td>____ new or updated appraised values</td>
<td>____ cemetery operations</td>
</tr>
<tr>
<td>____ day care or ____ school operations</td>
<td>____ other, please describe ____________________</td>
</tr>
</tbody>
</table>

Effective Date of Change: ____________________

Name and address of Church:

<table>
<thead>
<tr>
<th>Contact Person:</th>
<th>Church ID #:</th>
</tr>
</thead>
</table>

Phone: (  ) Fax: (  ) Email: ____________________

Property Location:

<table>
<thead>
<tr>
<th>Use of Building:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(If this is a rental property, please advise the # of units and occupancy)</td>
<td></td>
</tr>
<tr>
<td>Replacement Cost Values: Building $</td>
<td>Contents $</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Construction? (frame, brick, etc.):</th>
<th>Year Built:</th>
<th>Square Footage:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Distance to:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Fire Hydrant?:</td>
<td>Fire Department?:</td>
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</table>

School or Day Care Operations:

<table>
<thead>
<tr>
<th>Does the operation have the required state and/or local licenses to operate?</th>
<th></th>
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<tbody>
<tr>
<td>Days and hours of operation.</td>
<td></td>
</tr>
<tr>
<td>Average/maximum number of children each day.</td>
<td></td>
</tr>
<tr>
<td>Number teachers and adult helpers.</td>
<td></td>
</tr>
<tr>
<td>What is the minimum and maximum age of the children?</td>
<td></td>
</tr>
<tr>
<td>Does the facility provide any pickup/drop-off of children to their homes?</td>
<td></td>
</tr>
<tr>
<td>Is there someone on staff that is trained in first aid?</td>
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</tbody>
</table>

Cemetery Operations or Vacant Land:

<table>
<thead>
<tr>
<th># of acres:</th>
<th>Cemetery: # of burials per year</th>
<th>or indicate if maintenance only</th>
</tr>
</thead>
</table>

AUTOMOBILE CHANGE NOTIFICATION FORM

Effective Date of Change:_______________ Church ID #:______________

Church name and address:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Contact Name:_________________ Phone #:_________________
Email:________________________ Request Date:________________________
________________________________________________________________________

____ Add  ____Delete  ____Change

Year:______
Make:_____________________
Model:_____________________
VIN #:_____________________
Cost New:_______________

Leased or financed?  Yes_____ No______
Name/address of additional insured/loss payee:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Comments:_________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
**EASTERN PA CONFERENCE DRIVER LIST**

Church Name and ID #

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>Driver License Number</th>
<th>State</th>
</tr>
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<tbody>
<tr>
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</tbody>
</table>
ACCIDENT INVESTIGATION REPORT

Name of Church ___________________________ Church ID # _________ Phone __________
Date of Incident __________________________ Time __________ AM/PM ________
Location of Incident ______________________ City ______________ State ________
Describe Incident:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Describe Damages: __________________________________________________________
________________________________________________________________________
________________________________________________________________________
Call to law enforcement needed? _____ Responding Department ___________________
Name of Witness ______________________ Address __________________ Phone ________
Name of Witness ______________________ Address __________________ Phone ________
Name of Witness ______________________ Address __________________ Phone ________
Name of Witness ______________________ Address __________________ Phone ________
Name of Person Injured __________________________ Phone ________
Address __________________________________________________________________
Parent or Guardian (if applicable) _____________________________________________
Relationship with Church – Employee ______ Member _____ Volunteer ______ Visitor ______
Medical Treatment Needed?
Describe _________________________________________________________________
How could this accident have been prevented?
________________________________________________________________________
________________________________________________________________________
What action will be taken to prevent future incidents?
________________________________________________________________________
Investigation completed by: __________________________________ Date ____________
Incident Report forwarded to: __________________________________ Date ____________
**NOTICE OF INSURANCE LOSS**

<table>
<thead>
<tr>
<th>Send to:</th>
<th>EASTERN PA CONFERENCE OF THE UNITED METHODIST CHURCH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engle-Hambright &amp; Davies, Inc.</td>
<td>1857 William Penn Way</td>
</tr>
<tr>
<td>1857 William Penn Way</td>
<td>Lancaster, PA 17601</td>
</tr>
</tbody>
</table>

**SECTION I**

<table>
<thead>
<tr>
<th>Church ID:</th>
<th>Phone Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Church:</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>Pastor’s Name:</td>
<td></td>
</tr>
</tbody>
</table>

**SECTION II**

<table>
<thead>
<tr>
<th>Date of Loss:</th>
<th>Time of Loss:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of Loss:</td>
<td></td>
</tr>
</tbody>
</table>

**SECTION III – PROPERTY**

<table>
<thead>
<tr>
<th>Describe Damage:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimate Amount:</td>
<td></td>
</tr>
</tbody>
</table>

**SECTION IV – GENERAL LIABILITY**

<table>
<thead>
<tr>
<th>Claimant Name:</th>
<th>Age:</th>
<th>Phone Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Injury/Damage:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NOTE: ALL ALLEGED SEXUAL MISCONDUCT INCIDENTS MUST BE IMMEDIATELY REPORTED TO YOUR DISTRICT SUPERINTENDENT’S OFFICE**

Submitted by: ________________________________________
Phone Number: ____________________________
Title: ______________________ Date: ____________________

Please report all claims, EXCEPT Workers’ Compensation, to:
**EHD, Attn: Julia Sechrist, 717-394-5681 ext. 225**
Please report Workers’ Compensation claims to Eastern Alliance Insurance Company:
**1-800-336-3658**
On-line safety resource for all members of the Eastern PA Conference

All members of the Eastern PA Conference can gain access to valuable safety resources made available from our insurance carriers.

Church Mutual safety resources can be found at www.churchmutual.com. They include Transportation Safety, Child and Youth Sexual Abuse Prevention, Background Screening, activity safety, videos, webinars, sample legal forms, Risk Reporter and Risk Alert articles, etc. These materials can be printed, emailed, or ordered directly from this site. Also note the Risk Reporter articles can be signed up for to be delivered to anyone who signs up for direct emailing.

Click on the link below for free safety information.
https://www.churchmutual.com/98/Safety-Resources
REQUESTING A BOILER AND MACHINERY INSPECTION

Church Mutual has partnered with Hartford Steam Boiler to provide quality boiler and pressure vessel inspection services. An inspection hotline has been set up to simplify this process.

Call for scheduling:
• Schedule an inspection after installing new equipment.
• Schedule an inspection for state or local jurisdictional certificate requirements.

Call for technical support:
• Information on jurisdictional codes and inspection requirements.
• Information on how to prepare for an inspection.

Telephone:  (800) 333-4677

When: Monday through Friday, 8 a.m.-8 p.m. EST

E-mail:  nscinsp_hotline@hsb.com

Information you will need when calling:
• Your Church Mutual policy number:  0500016-02-128504
• The insured name as listed on the Church Mutual policy: Eastern PA Conference of the UMC
• Location name/address for each building with a boiler
• Contact name and telephone number