



EASTERN PENNSYLVANIA CONFERENCE OF THE UNITED METHODIST CHURCH

2018-2019 Insurance Program

Property
Systems and Equipment Breakdown
Crime
Inland Marine
General Liability
Hired and Non-Owned Automobile
Professional Liability

Owned Automobile
Umbrella Liability
Workers' Compensation
Directors & Officers Liability
Employment Practices Liability
Internet Liability

Insurance Program Administrator

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350 Eagleview Blvd.
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Exton, PA 19341

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or

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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 Advantage Assurance Company** - Workers' Compensation/Employers Liability

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

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.

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SECTION I



**EASTERN PENNSYLVANIA CONFERENCE
OF THE
UNITED METHODIST CHURCH**

PACKAGE INSURANCE PLAN

SUMMARY OF INSURANCE COVERAGE

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

POLICY NUMBER: 0500016-02-126161

Policy Term: July 1, 2018 – July 1, 2019

**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.

Limits of 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.
- Margin Clause Endorsement - states that the amount of claim payment in the event of a loss to any building and its contents will be no more than 125% of the stated value for each scheduled item of covered property, business income, or extra expense shown on the Statement of Values subject to the blanket limit.

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 - \$25,000
Officers, trustees, employees, members and guests, at premises only
- Business Personal Property of Clergy - \$25,000
at or away from premises
- Valuable Papers and Records \$50,000
- Property Temporarily Off-premises (up to 180 days) \$25,000
- Outdoor Trees, Shrubs, Plants and Lawns - \$25,000, up to
subject to covered perils \$2,500 per item
- On-premises Outdoor Structures – \$25,000
Including maintenance buildings and their contents, statuary, fences, pavilions, light poles, television antennas and satellite dishes.
- Dwelling – See description
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.
- 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
- Back-up of Sewers and Drains Included in policy limits
- Limited Flood Coverage – \$25,000 Annual
subject to the provisions of the policy, not intended to be a Aggregate
substitute for catastrophic flood coverage

Property Coverage Exclusions include, but are not limited to:

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

***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
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 \$100,000
 - 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	Exclusion of Certified Acts of Terrorism
Workers' Compensation Exclusion	Aircraft, Auto or Watercraft Exclusion
Dishonest or Criminal Acts 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, 2018 to July 1, 2019

Policy Number: 0500016-09-104679

Liability Limits – Any One Accident

- Combined Single Limit (Bodily Injury and Property Damage) \$1,000,000
- PA Basic First Party Benefit (Per Insured):
 - Medical Expense Benefits up to \$5,000
- 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, 2018 to July 1, 2019

Policy Number: 0500016-81-126162

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.

LIMITS OF INSURANCE

CONFERENCE-WIDE LIMIT

Each Occurrence	\$20,000,000
General Aggregate	\$20,000,000
Self-Insured Retention	\$10,000

WORKERS' COMPENSATION INSURANCE PLAN

SUMMARY OF INSURANCE COVERAGE

Eastern Advantage Assurance Company
PO Box 83777
Lancaster, PA 17608-3777

Master Policy Term: July 1, 2018 to July 1, 2019

Policy Number: 05-0000030188-12

Limits of Insurance

- Coverage A: Workers' Compensation PA Statutory Benefits
- 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

**DIRECTORS & OFFICERS/EMPLOYMENT
PRACTICES/INTERNET LIABILITY INSURANCE**

SUMMARY OF INSURANCE COVERAGE

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

Master Policy Term: January 1, 2018 to January 1, 2019

Policy Number: PHSD1309074

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 Eagleview 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, 7days/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 4:30 pm Monday thru Friday, contact Linda Herr of EHD at: 1-800-544-7292 ext. 231, fax 717-390-7339 or email lmherr@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:

<u>POLICY TYPE</u>	<u>POLICY NUMBER</u>
Property, General Liability, Professional Liability, Inland Marine, Systems & Equip. Breakdown, Crime, Hired & Non-Owned Auto	0500016-02-126161
Automobile	0500016-09-104679
Workers' Compensation	05-0000030188-12

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?: _____

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.
350 Eagleview Blvd.
Suite 110
Exton, PA 19341
800-627-3732

Robert J. Miller, Vice President
rjmiller@ehd-ins.com
Leslie S. Korsunsky, Account Manager
lskorsunsky@ehd-ins.com

PARENTAL CONSENT FORM

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)

.....**to be held**.....
(name of event) (date)

at.....
(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.

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 26 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

DATE(MM/DD/YY)
Current issue date

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 Insurance Agent Name	Insurance Agent Phone Number	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">CONTACT NAME:</td> <td colspan="3">Insurance agent contact name</td> </tr> <tr> <td>PHONE (A/C, No, Ext):</td> <td>Insurance agent phone</td> <td>FAX (A/C, No):</td> <td>Ins agent fax</td> </tr> <tr> <td>E-MAIL ADDRESS:</td> <td colspan="3">Insurance agent email address</td> </tr> <tr> <td>PRODUCER CUSTOMER ID#:</td> <td colspan="3"></td> </tr> </table>	CONTACT NAME:	Insurance agent contact name			PHONE (A/C, No, Ext):	Insurance agent phone	FAX (A/C, No):	Ins agent fax	E-MAIL ADDRESS:	Insurance agent email address			PRODUCER CUSTOMER ID#:									
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PRODUCER CUSTOMER ID#:																								
INSURED Name of Contractor or Organization Address of Contractor or Organization City, State Zip	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> <td style="text-align: center;">NAIC #</td> </tr> <tr> <td>INSURER A:</td> <td>Insurance company name</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td>Insurance company name (if multiple)</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td>Insurance company name (if multiple)</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td>Insurance company name (if multiple)</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td>Insurance company name (if multiple)</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td>Insurance company name (if multiple)</td> <td></td> </tr> </table>			INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Insurance company name		INSURER B:	Insurance company name (if multiple)		INSURER C:	Insurance company name (if multiple)		INSURER D:	Insurance company name (if multiple)		INSURER E:	Insurance company name (if multiple)		INSURER F:	Insurance company name (if multiple)	
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INSURER D:	Insurance company name (if multiple)																							
INSURER E:	Insurance company name (if multiple)																							
INSURER F:	Insurance company name (if multiple)																							

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Aggregate per project GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC			GL policy number	Eff date	Exp date	EACH OCCURRENCE \$ 1,000,000 DAMAGES TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			Auto policy number	Eff date	Exp date	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000			Umbrella policy number	Eff date	Exp date	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	WORKERS COMPENSATION AND EMPLOYER'S LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTIONS OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	Work Comp policy number	Eff date	Eff date	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DESEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 100,000

Work being performed or event being held at church premises must fall between these policy dates

(Your Church Name) United Methodist Church and Eastern Pennsylvania Conference of the United Methodist Church are named as additional insured as respects general liability policy for (specify work to be performed)

CERTIFICATE HOLDER Church name Church address City, State Zip	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. Signature of insurance agent
-------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

USER AGREEMENT (SAMPLE WORDING)

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:		Values must equal total cost listed above	
Completed by Contractor	\$ _____	Completed by Volunteers	\$ _____
Completed by Insured Employees	\$ _____	Completed by Subcontractors	\$ _____
Completed by Construction Supervisor	\$ _____	Certificates of Insurance must be obtained from all contractors or a liability charge will be applied.	
Name and address of mortgagee or loss payee, if applicable: _____ _____			
Name of Contractor: _____ Contact Name: _____ 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:

___ purchase of new land or building	___ sale of existing building or land
___ new or updated appraised values	___ cemetery operations
___ day care or ___ school operations	___ other, please describe _____

Effective Date of Change: _____

Name and address of Church:		
Contact Person:	Church ID #:	
Phone: ()	Fax: ()	Email:

Property Location:		
Use of Building:		
(If this is a rental property, please advise the # of units and occupancy)		
Replacement Cost Values: Building \$	Contents \$	
Construction? (frame, brick, etc.):	Year Built:	Square Footage:
Distance to:		
Fire Hydrant?:	Fire Department?:	

School or Day Care Operations:

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

Cemetery Operations or Vacant Land:

# of acres: _____	Cemetery: # of burials per year _____ or indicate if maintenance only _____
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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 #

Name	Date of Birth	Driver License Number	State

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

Send to: Engle-Hambright & Davies, Inc. 1857 William Penn Way Lancaster, PA 17601	EASTERN PA CONFERENCE OF THE UNITED METHODIST CHURCH	
SECTION I	Church ID:	
Name of Church:	Phone Number:	
Address:		
Pastor's Name:	Phone Number:	
SECTION II		
Date of Loss:	Time of Loss:	
Description of Loss:		
SECTION III – PROPERTY		
Describe Damage:		
Estimate Amount:		
SECTION IV – GENERAL LIABILITY		
Claimant Name:	Age:	Phone Number:
Address:		
Injury/Damage:		
Member of Church?		
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: Linda M. Herr, AIC, 1-800-544-7292, ext. 231
Please report Workers' Compensation claims to Eastern Alliance Insurance Company:
1-800-336-3658

RISK CONTROL AND SAFETY RESOURCES

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.-7 p.m. EST

E-mail: nscinsp_hotline@hsb.com

Information you will need when calling:

- Your Church Mutual policy number: #0500016-02-126161
- 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



Listening. | Learning. | Leading.®