

Property & Casualty Insurance Summary
&
Claim Reporting Instructions

January 01, 2019 – January 01, 2020

*Information contained herein prepared by the NICUMC Risk Management Department
in concert with Arthur J. Gallagher & Co. Please direct all questions to:*

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Insurance Coverage Summary

List of Insurance Carriers

The Northern Illinois Conference of the United Methodist Church (NICUMC) Master Insurance Program provides a wide array of insurance coverages.

The following represents the lines of coverage, respective insurance carriers, and the policy numbers for the coverage period commencing January 1, 2019 – January 1, 2020.

Line of Coverage	Insurance Carrier	Policy #
Property Insurance	Travelers Insurance	KTK-CMB-0J08847-A-19
General Liability	Philadelphia Insurance	PHPK1921798
Auto Liability & Auto Physical Damage	Philadelphia Insurance	PHPK1921798
Workers' Compensation	Hartford Insurance	83WEBT9716
Boiler, Machinery & Equipment Breakdown	Liberty Mutual Insurance	YB2-L9L-466753-019
Directors & Officers / Employment Practices Liability	Philadelphia Insurance	PSD1407221
Student Accident	Mutual of Omaha	SR2014IL-P-099004
Foreign Trip Travel	ACE American Insurance	PHFD42255051 001

Please refer to the following pages for a description of the coverages and applicable deductibles.

Questions may be directed to Dwayne Jackson, Director of Risk Management & Ministry Protection, at 312.783.5945 or via email: djackson@umcnic.org.

Description of Coverages and Deductibles

Property Coverage

Property coverage is underwritten by Travelers Insurance, policy # KTK-CMB-0J08847-A-19

All sanctuaries, parsonages and buildings participating under the Northern Illinois Conference (Conference) Master Insurance Program are covered. A description of the coverages and amount of the “deductible” that applies to each line of coverage is listed below.

Note, all deductibles listed are based upon a “per occurrence” loss. Should a loss entail multiple/combined coverages only one (1) single property deductible will apply.

Coverage is provided on an ‘All Risk, Replacement Cost’ basis, subject to policy exclusions. Please ensure that the address for each location is reported to the Conference in order for coverage to apply.

In general, the cost of repairing or replacing a building and/or its contents at the time of the loss determines the amount payable.

Buildings

Coverage for damage to sanctuaries, parsonages and buildings owned by the church/entity. All losses are based upon the “appraised value” of the sanctuary, parsonage and building.

Deductible: \$2,500 per occurrence

Contents

Coverage for the “contents” of the sanctuary, parsonage, building “owned” by the church/entity. Full replacement cost is paid on the reported value on file.

Deductible: \$2,500 per occurrence

Crime: Burglary, Robbery, Theft & Fidelity

Coverage for claims relating to “burglary, robbery and theft” of “physical” property owned by the church/entity. This includes loss of “money” due to embezzlement, forgery, theft inside and outside the premises.

Deductible: \$2,500 per occurrence

Fine Arts & Glass

Coverage provided “per occurrence” for damage to stained glass, art glass, church windows, icons, paintings, sacred vessels and other art objects. Loss paid on a “current market” value.

Deductible: \$2,500 per occurrence

Property Coverage - Continued

Water Damage

Coverage for losses/damages arising from sewer backup not caused by flooding.

Deductible: \$2,500 per occurrence

Flood Damage

There is limited coverage available for flood losses or damages.

Deductible: \$2,500

Should the church/entity property rest in a "Flood Zone" please contact Dwayne Jackson at 312.783.5945 or via email at djackson@umcnic.org to determine the cost and whether "Flood Insurance" coverage should be obtained.

Earthquake

Coverage for losses/damages resulting from earthquake or volcanic eruption or explosion.

Excluded under earthquake coverage are repairs associated with normal settlements, shrinkage and/or expansion in the foundation, walls, floors, or ceilings.

Deductible: \$2,500 per occurrence

New Construction

All new construction should be reported to the Conference "**before**" construction begins for coverage to apply. All building structures and all materials on the job site that will ultimately become part of the structure are included.

A "Builders Risk" insurance policy is required to be purchased by the Conference at the church's expense should the construction cost exceed \$2,500,000 and/or construction is expected to exceed 120 days.

Note, all contractors are required to provide a Certificate of Insurance, listing the "church, its Pastor, Board of Trustees, and NICUMC as an "Additional Insured." The following serves as an example on the wording...

"First United Methodist Church, its Pastor, Board of Trustees and NICUMC are additional insured under the policy"

The contractor's Certificate of Liability Insurance is required to indicate coverage for "General Liability, Automobile Liability and Workers' Compensation. "

The required "minimum" limit for General Liability and Automobile Liability is \$1,000,000 and "statutory limits" for Workers' Compensation.

General Liability

General Liability coverage is underwritten by Philadelphia Insurance Company, policy # PHPK1921798

General Liability covers losses for personal injury, including property damage, to persons other than employees, wherein the church and/or entity may be held legally liable.

The following lines of coverages are included under General Liability:

- Premises Liability
- Pastoral/professional counseling
- Bodily Injury
- Incidental Medical

The term "personal injury" includes libel, slander, false arrest, defamation of character, invasion of privacy, wrongful eviction, discrimination; shock, mental anguish, errors and omissions and contractual liability on written contracts.

Deductible: None

Medical Payments

Medical payments are provided for injuries sustained to patrons, visitors and/or volunteers for reasonable medical costs as a result of a personal injury sustained on the premises of the church and/or entity.

Payments will be in excess of the individual's own personal health insurance plan.

Deductible: None

Cyber Security Liability is underwritten by Philadelphia Insurance Company, Policy # PHPK1921798

Cyber Security Liability covers losses for breaches to your network that leads to Security events, Network Security, Privacy liability and applicable notification expenses.

Deductible: \$2,500

Automobile Liability & Auto Physical Damage Coverage

Automobile Liability and Auto Physical Damage is underwritten by Philadelphia Insurance Company, policy # PHPK1921798

Coverage for vehicles owned by and titled in the name of the church and/or entity arising out of the operation by the vehicle's owner and/or authorized driver.

The following deductibles apply - per occurrence/per claim:

- \$1,000 ~ Collision
- \$500 ~ Comprehensive (e.g. fire, theft, vandalism, glass breakage)
- \$0 ~ Windshield
- \$0 ~ Hired/non-owned vehicles

New Vehicles

Newly acquired/purchased vehicles should be immediately reported to Dwayne Jackson at the Conference to ensure coverage is placed in order to issue a new Insurance ID Card.

Please complete and submit the enclosed *Add/Delete Coverage Form* via email to djackson@umcnic.org in order to delete coverage and adjust any premium owed to the church.

An adjusted insurance invoice will be prepared & forwarded to the church during either the 3rd quarter or the 4th quarter dependent upon when the premium adjustment is communicated to the Conference by the insurance carrier.

Sold Vehicles

Vehicles' sold or inoperable should be reported immediately to Dwayne Jackson at the Conference to ensure coverage is deleted.

Please complete and submit the enclosed *Add/Delete Coverage Form* via email to djackson@umcnic.org in order to delete coverage and adjust any premium owed to the church.

An adjusted insurance invoice will be prepared & forwarded to the church during either the 3rd quarter or the 4th quarter dependent upon when the premium adjustment is communicated to the Conference by the insurance carrier.

Vehicle Rental

When renting vehicles for field trips, travel, transportation, etc., please select and purchase the "Optional - Liability and Collision" insurance offered by the rental car company.

No Certificate of Insurance will be issued by the Conference for rental vehicles.

Workers' Compensation

Workers' Compensation coverage is underwritten by Hartford Insurance, policy # 83WEBT9716

Coverage is provided for employees injured in the "course and scope" of employment with the church.

Insurance benefits are issued in accordance with the governing rules and procedures under the Illinois Workers' Compensation Act.

"Statutory" benefits afforded to injured employees under the Illinois Workers' Compensation Act include payment of medical expenditures directly related to the treatment of the injury, loss wages, vocational rehabilitation and permanent disability, if deemed by a medical physician.

Deductible: None

Boiler, Machinery & Equipment Breakdown

Boiler, Machinery and Equipment breakdown coverage is underwritten by Liberty Mutual Insurance Company, policy # YB2-L9L-466753-019

Properties with exposure to boilers or pressure vessels are covered through specific insurance coverage underwritten by Liberty Mutual Insurance.

Liberty Mutual Insurance will perform periodic Certified Inspections required by law at no cost.

Should there be interest in having a "no cost" inspection performed please forward an email to Dwayne Jackson at djackson@umcnic.org advising of interest.

Deductible: \$2,500 per occurrence

Directors and Officers Liability & Employment Practices Liability

Directors and Officers coverage is underwritten by Philadelphia Insurance Company, policy # PSD1407221

Directors and Officers Insurance provides coverage to protect Board members and Trustees for alleged mismanagement of church resources in their volunteer position(s)/role(s) with the church.

Deductible: \$2,500

Employment Practices Liability provides coverage for claims involving wrongful termination, discrimination and sexual harassment.

Deductible: \$5,000

Student Accident Insurance

Student Accident coverage is underwritten by Mutual of Omaha, policy # SR2014IL-P-099004

Student Accident Insurance provides coverage for claims arising from sponsored and supervised activities (e.g. youth day care, youth overnight camp, youth and adult fitness class and adult basketball).

Eligible medical expenses payable under any other insurance policy or service contract will be used to satisfy or reduce the payable coverage under the policy. Exclusions under the policy apply.

Direct all questions and claims to Dwayne Jackson at 312.783.5945 or via email djackson@umcnic.org.

Deductible: None

Foreign Trip Travel

Foreign Trip coverage is underwritten by Chubb Insurance, policy # PHFD42255051 001

Coverage for church sponsored foreign trips is available through the Conference office. The policy contains coverage for liability, automobile liability, property while travelling abroad and accidental death and dismemberment.

Coverage is worldwide for trips outside the United States, its territories and possessions.

Note, coverage for trips to any country or jurisdiction, which is the subject of trade or economic sanctions imposed by the United States of America government, are excluded.

Should foreign travel be planned/expected please contact Dwayne Jackson and provide the name of the country, dates of trip and the number of participants.

Full details and additional information on trip planning, travel alerts, security measures, emergency assistance; and concierge services are available via www.Chubbtravelapp.com

Deductible: \$2,500

Insurance for Approved Ministries & Special Groups

Ministries Approved By Church

Insurance coverage for ministries “approved” by the Church is provided in accordance with the terms and conditions of the applicable NICUMC insurance policy.

Should a claim(s) arise please contact your church representative to report the loss to the respective insurance carrier listed herein.

Volunteers In Mission

The Northcentral Jurisdiction Volunteer in Mission program offers accident and medical insurance as follows:

Domestic Teams ~ UMVIM-NCJ contracts with Mutual of Omaha for accident-only insurance

International Teams ~ UMVIM – NCJ contracts with CMA Insurance Agency – Gainesville, GA offering Seven Corners Accidental and Medical Insurance Policy. Medical coverage options are available for \$10,000, \$25,000 & \$50,000.

Additional information is available at <https://umvimncj.org/forms/insurance/>

Alternatively, via contact with:

UMVIM-NCJ ~ Tammy Kuntz
8800 Cleveland Ave. NW
North Canton, OH 44720
Email: umvimncj.coor@gamial.com
Phone: 614.325.8741

Boy Scouts of America (BSA)

The General Commission on United Methodist Men (GCUMM) is responsible for Scouting Ministry in the United Methodist Church.

The Conference only maintains coverage for “Property” (e.g. automobile, trailers, equipment, etc.) which is owned, titled in the name of the church and reported to the Conference as “contents” owned by the church.

Refer to the Claim Reporting Directory for the insurance carrier contact should a Property or Automobile claim need require reporting.

Questions regarding insurance coverage requirements for General Liability, Automobile Liability, Accident and Sickness and Non-Owned Boats should be directed to BSA Council’s Chief Executive.

“Not” Covered Under the Master Insurance Program

The following items/events are **NOT** covered under the Conference’s Master Insurance Program.

- Privately owned property of third parties
- Losses degenerative in nature (e.g. wear and tear, deterioration, loss due to termites, corrosion, mechanical and/or electrical breakdown, etc.)
- Property vacant more than sixty (60) days ~ very limited coverage
- Wind driven rain
- Unexplained loss of money, securities or property
- War risk, nuclear damage and terrorism
- Hospital or nursing home malpractice
- Underground pipes, flues and drains
- Concrete, sidewalks and foundations
- Flood
- Mold

Recap of Deductibles

Recap of deductibles by line of coverage:

Line of Coverage	Deductible Per Occurrence
Property	\$2,500
General Liability	\$0
Automobile Physical Damage	\$1,000
Automobile Comprehensive	\$500
Windshield	\$0
Workers' Compensation	\$0
Boiler, Machinery & Equipment Breakdown	\$2,500
Directors & Officers/Employment Practices Liability	\$2,500 / \$5,000
Crime	\$2,500
Student Accident	\$0
Foreign trip travel	\$2,500

Should the amount of a loss/claim be less than the applicable deductible, the Conference and/or the respective insurance carrier will not issue a payment.

Please refer to the following "NICUMC Highlights At-A- Glance" for a summary of the coverages, deductibles & policy limits

2019 NICUMC Highlights At-A-Glance

Coverages		Minimum Limits-Per Church
PROPERTY		
Deductible		NOTE: COMBINED LOSS SUBJECT TO ONE DEDUCTIBLE
Building and Business Personal Property	\$2,500	Replacement Cost / Per Schedule on File + 25% margin clause
Building Glass / Stained Glass	\$2,500	Included in building limit.
Fine arts	\$2,500	\$100,000
Valuable Papers	\$2,500	\$ 250,000
Business Income / Extra Expense	\$2,500	\$ 100,000
Property in Transit	\$2,500	\$ 100,000
Electronic Data Processing Equipment	\$2,500	\$1,000,000
Accounts Receivable	\$2,500	\$ 250,000
Unreported Premises	\$2,500	\$ 250,000 per location / \$500,000 aggregate
Ordinance or Law	\$2,500	\$ 2,500,000
Debris Removal	\$2,500	\$ 250,000
Boiler & Machinery / Mechanical Breakdown	\$2,500	Included in Property Limit
Outdoor property	\$2,500	\$ 100,000, max of \$1,000 per tree
Earthquake	\$2,500	\$ 5,000,000 Conference Aggregate
Flood (No coverage for flood Zone V)	\$2,500	\$ 5,000,000 Conference Aggregate
Newly Acquired / Constructed Property	\$2,500	\$ 2,500,000 / 120 Days
LIABILITY		
Deductible		
General Liability	Zero	\$ 1,000,000 Each Occurrence / \$ 3,000,000 Aggregate
Bodily Injury / Property Damage Liability	Zero	\$ 1,000,000 Each Occurrence
Personal / Advertising Injury	Zero	\$ 1,000,000 Each Occurrence
Medical Payments	Zero	\$ 15,000 Each Person
Fire Damage Legal Liability	Zero	\$ 300,000
Products / Completed Operations	Zero	\$ 1,000,000 Each Occurrence / \$ 3,000,000 Aggregate
Day Care Coverage	Zero	Included for Church-owned and operated daycare centers
Volunteers	Zero	Included as insureds / employees
Pastoral Professional	Zero	\$ 1,000,000 Each Occurrence / \$ 3,000,000 Aggregate
Directors & Officers Liability	\$2,500	\$ 1,000,000 Claims Made Basis, \$10,000,000 Conference Agg
Employment Related Practices Liability	\$5,000	\$ 1,000,000 Claims Made Basis, \$10,000,000 Conference Aggregate shared limit
Sexual or Physical Abuse or Molestation	Zero	\$ 1,000,000 Per Occurrence / \$2,000,000 Church Aggregate
Employee Benefits Liability	Zero	\$ 1,000,000 / \$3,000,000 Claims Made Basis 1/1/2010 retro
Cyber Security Liability	\$2,500	\$25,000 per church aggregate
AUTO		
Deductible		
Church owned Vehicles (must report vehicles for coverage)	\$1,000 collision; \$500 comp	\$ 1,000,000 Combined Single Limit, including UM / UIM; \$ 5,000 PIP or med pay;
Hired / Non-Owned Auto Liability	Zero	\$ 1,000,000
CRIME		
Deductible		
Employee Dishonesty (Crime)	\$2,500	\$ 250,000
Forgery or Alteration	\$2,500	\$ 100,000
Computer Fraud	\$2,500	\$ 100,000
Money / Securities Inside / Outside	\$2,500	\$ 50,000 / \$50,000
WORKERS COMPENSATION		
Deductible		
Part A: Statutory Benefits	Zero	per individual state mandate
Part B: Employers Liability	Zero	1,000,000 / 1,000,000 / 1,000,000 limits
EXCESS LIABILITY		
Deductible		
Umbrella Liability: (Auto, General Liability, Pastoral, EBL, EL)	Zero	\$ 30,000,000 Conference Aggregate
Sexual Misconduct or Physical Abuse or Molestation	Zero	\$ 10,000,000 Conference Aggregate

Hired Buses / Carnival Equipment / Special Events / Fund Raisers / Shared Space

Hired Buses / Carnival Equipment

Any hired bus, carnival equipment, etc., must be properly insured by its owner with their own insurance, *not the Conference, church or entity.*

The owner of the equipment must present to the church a Certificate of Insurance, listing the "church, its Pastor, Board of Trustees, and NICUMC as an "Additional Insured." The following serves as an example on the wording...

"First United Methodist Church, its Pastor, Board of Trustees and NICUMC are additional insured under the policy"

The amount insurance coverage provided by the owner "must" be at least \$1,000,000 combined single limit for General Liability & Property damage inclusive of statutory limits for workers' compensation.

Special Events / Fund Raisers (Non-members)

If church/entity's property (hall, auditorium, etc.) is "rented" or provided to others for "**non-conference sponsored**" gatherings, the organization renting the space/building is required to provide a Certificate of Insurance naming the church, its Pastor, Board of Trustees, and NICUMC as an "Additional Insured."

The following serves as an example on the wording...

"First United Methodist Church, its Pastor, Board of Trustees and NICUMC are additional insured under the policy"

The amount coverage provided by the organization "must" be at least \$1,000,000 combined single limit General Liability & Property inclusive of statutory limits for workers' compensation.

In the event the non-affiliated organization cannot provide proof of insurance to the church, please contact Dwayne Jackson at the Conference office for assistance.

Shared Space Agreement

There are instances when groups, organizations, lay instructors or others "use" the church's property (e.g., space/offices/hall/classrooms) for events, meetings, training, etc. In these instances, a Shared Space Agreement should be executed by the church with the group or individual.

As a practice, most churches have in place and utilize a written Share Space Agreement designed to meet their operations.

In this regard, it is recommended that the following "Release and Waiver of Liability" language be incorporated into the respective Shared Space Agreement used by the church.

The following document should be placed on Church letterhead

Release and Waiver of Liability – Read Carefully Before Signing

The Church exists for the purpose of worship, education, and missions; and ministers to its members, constituents and the people of the community. We open our doors to church members, regular attendees and the community by permitting them to use our church facilities.

Nominal fees charged for use of the church facilities and staff are meant to offset operating costs during your use of the building and grounds.

*The **Insert Church Name** assumes no responsibility or liability for any loss, damage or injuries that occur while using the Church's facilities, equipment or the Church's grounds. Any group or individual using Church property shall indemnify and hold harmless the **Insert Church Name** from any claim, suit, demand, or action arising out of said group or individual's use of the Church property or presence thereon.*

*Any group or individual using Church property assumes the risk of damage or injury thereof and hereby releases the **Insert Church Name**, its trustees, employees, and agents from any and all liability related to the use of the property.*

***Insert Name of Group/Person** is responsible for the conduct of, and will supervise its guest, members or participants, including children, while they are in the building or on the grounds.*

Smoking, alcohol or drug use is prohibited on the property at all times.

The undersigned hereby expressly agrees that this release and waiver is intended to be as broad and inclusive as permitted by the laws of the State of Illinois and that if any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect

*I have read and accept **Insert Church Name's** Shared Space policies, and understand I am responsible for the agreed-upon fees and conditions as indicated herein.*

Name of Group: _____

Authorized Signature: _____

Date: _____

Claim Reporting Instructions

Claim Reporting

All claims should be reported directly to the respective insurance company per the Claim Reporting Directory listed on the following page.

Claims are required to be reported within twenty-four (24) hours of notice.

In preparation of calling the claim into the respective insurance carrier please assemble all available information related to the incident in advance.

Note the following “tips” when reporting a claim...

- ★ Report the claim immediately – don’t delay. Should the claim entail serious injury and/or major property damage, please be sure to **PHONE** the insurance company directly. Do not email or fax claims of this nature.
- ★ Collect as much information as possible regarding the loss, such as date, time, policy numbers, reporting location, parties involved; accident description, type of injury and estimated damages.
- ★ Submit all police reports, estimates, photos and any materials/receipts to the insurance company handling the claim.
- ★ **Do not speak with third parties about the claim.**
- ★ **Do not discuss “fault.”**

Claim Reporting Directory

January 1, 2019 – January 1, 2020

Line of Coverage	Policy Number	Carrier Contact Information
Property Insurance	KTK-CMB-0J08847-A-19	Travelers Insurance Phone: 1.800.238.6225 Fax: 800.QUIK-FAX (800.784.5329)
General Liability	PHPK1921798	Philadelphia Insurance Company Phone: 800.765.9749 Fax: 800.685.9238 Email: claimsreport@phly.com
Auto Liability & Auto Physical Damage	PHPK1921798	Philadelphia Insurance Company Phone: 800.765.9749 Fax: 800.685.9238 Email: claimsreport@phly.com Auto glass claims: 877. 443.9893
Workers' Compensation	83WEBT9716	Hartford Insurance Phone: 800.327.3636 Fax: 800.347.8197 Email: Lossconnect@thehartford.com
Boiler, Machinery & Equipment Breakdown	YB2-L9L-466753-019	Liberty Mutual Insurance Phone: 800.362.0000
Directors & Officers Employment Practices Liability	PSD1407221	Philadelphia Insurance Company Phone: 800.765.9749 Fax: 800.685.9238 Email: claimsreport@phly.com
Student Accident	SR2014IL-P-099004	Mutual of Omaha Phone: 800.524.2324
Foreign Trip Travel	PHFD42255051 001	ACE American Insurance Phone: 800. 433.0385 24 hr: 800.523.9254 ChubbClaimsFirstNotice@chubb.com

Sample Insurance Claim Forms

The following claim forms list the information requested by each carrier when reporting a loss.

WORKSHEET FOR PROPERTY TELEPHONE REPORTING

ACCOUNT INFORMATION

CALLER'S PHONE NUMBER & EXTENSION	CALLER'S TITLE AND NAME	LOSS STATE (STATE WHERE LOSS OCCURRED)
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SUBSIDIARY NAME AND ADDRESS

SUBSIDIARY MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

DID THE LOSS OCCUR AT THE LOCATION ADDRESS? (IF "NO", ADDRESS WHERE LOSS OCCURRED)

YES NO

PARENT COMPANY/INSURED'S NAME	LOCATION CODE	POLICY SYMBOL AND NUMBER
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LOSS INFORMATION

DATE AND TIME OF LOSS

FULL DESCRIPTION OF LOSS (INCLUDE SPECIFICS OF WHERE IT OCCURRED, SUCH AS A WAREHOUSE, STOCKROOM, DEPARTMENT)

DID THE LOSS INVOLVE:
BUILDING (REAL PROPERTY) DAMAGE? IF YES,

DESCRIPTION OF DAMAGE TO BUILDING

IS ANY INTERIOR SECTION OF THE BUILDING NOW EXPOSED TO THE OUTDOORS AND UNPROTECTED?

CAN THE BUILDING BE OCCUPIED?

DO YOU HAVE A WRITTEN ESTIMATE OR REPAIR BILL FOR BUILDING? IF YES, AMOUNT

CONTENTS (PERSONAL PROPERTY) DAMAGE? IF YES,

DESCRIPTION OF DAMAGE TO CONTENTS

DO YOU HAVE A WRITTEN ESTIMATE OR REPAIR BILL FOR BUILDING? IF YES, AMOUNT

ONLY GLASS OR SIGN DAMAGE?

BUSINESS INTERRUPTION?

WITNESSES (NAMES, ADDRESSES, AND PHONE NUMBERS)

AUTHORITIES (NAME, REPORT/CASE NUMBER, COUNTY, ANY VIOLATIONS/CITATIONS)

CONTACT INFORMATION
CONTACT NAME AND PHONE NUMBER, BEST TIME TO CONTACT AND WHERE TO CONTACT

ADDITIONAL NOTES/COMMENTS OR CUSTOMER SPECIFIC INFORMATION



GENERAL LIABILITY NOTICE OF OCCURRENCE / CLAIM

DATE (MM/DD/YYYY)

AGENCY	INSURED LOCATION CODE	DATE OF LOSS AND TIME		AM	
	CARRIER	PM			
	POLICY NUMBER		NAIC CODE		
CONTACT NAME:					
PHONE (A/C. No. Ext):					
FAX (A/C. No):					
E-MAIL ADDRESS:					
CODE:					SUBCODE:
AGENCY CUSTOMER ID:					

INSURED

NAME OF INSURED (First, Middle, Last)			INSURED'S MAILING ADDRESS	
DATE OF BIRTH	FEIN (if applicable)			
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL			
PRIMARY E-MAIL ADDRESS:				
SECONDARY E-MAIL ADDRESS:				

CONTACT

CONTACT INSURED				
NAME OF CONTACT (First, Middle, Last)			CONTACT'S MAILING ADDRESS	
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL			
WHEN TO CONTACT				
PRIMARY E-MAIL ADDRESS:				
SECONDARY E-MAIL ADDRESS:				

OCCURRENCE

LOCATION OF OCCURRENCE	POLICE OR FIRE DEPARTMENT CONTACTED
STREET:	REPORT NUMBER
CITY, STATE, ZIP:	
COUNTRY:	
DESCRIBE LOCATION OF OCCURRENCE IF NOT AT SPECIFIC STREET ADDRESS:	
DESCRIPTION OF OCCURRENCE (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	

TYPE OF LIABILITY

PREMISES: INSURED IS <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT <input type="checkbox"/>	TYPE OF PREMISES	
OWNER'S NAME & ADDRESS (If not insured)	PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
	PRIMARY E-MAIL ADDRESS:	
	SECONDARY E-MAIL ADDRESS:	
PRODUCTS: INSURED IS <input type="checkbox"/> MANUFACTURER <input type="checkbox"/> VENDOR <input type="checkbox"/>	TYPE OF PRODUCT	
MANUFACTURER'S NAME & ADDRESS (If not insured)	PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
	PRIMARY E-MAIL ADDRESS:	
	SECONDARY E-MAIL ADDRESS:	
WHERE CAN PRODUCT BE SEEN?		

INJURED / PROPERTY DAMAGED

AGENCY CUSTOMER ID: _____

NAME & ADDRESS (Injured/Owner)			EMPLOYER'S NAME & ADDRESS		
PRIMARY PHONE #	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE #	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY PHONE #	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
PRIMARY E-MAIL ADDRESS:			PRIMARY E-MAIL ADDRESS:		
SECONDARY E-MAIL ADDRESS:			SECONDARY E-MAIL ADDRESS:		
AGE	SEX	OCCUPATION	DESCRIBE INJURY		
WHERE TAKEN			WHAT WAS INJURED DOING?		
DESCRIBE PROPERTY (Type, model, etc.)		ESTIMATE AMOUNT	WHERE CAN PROPERTY BE SEEN?		

WITNESSES

NAME AND ADDRESS	PRIMARY PHONE #	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE #	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
PRIMARY E-MAIL ADDRESS:				
SECONDARY E-MAIL ADDRESS:				
NAME AND ADDRESS	PRIMARY PHONE #	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE #	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
PRIMARY E-MAIL ADDRESS:				
SECONDARY E-MAIL ADDRESS:				
NAME AND ADDRESS	PRIMARY PHONE #	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE #	<input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
PRIMARY E-MAIL ADDRESS:				
SECONDARY E-MAIL ADDRESS:				

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

REPORTED BY	REPORTED TO
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APPLICABLE IN ALASKA

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

APPLICABLE IN ARIZONA

For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**APPLICABLE IN ARKANSAS, DELAWARE, KENTUCKY, LOUISIANA, MAINE, MICHIGAN, NEW JERSEY,
NEW MEXICO, NEW YORK, NORTH DAKOTA, PENNSYLVANIA, RHODE ISLAND, SOUTH DAKOTA,
TENNESSEE, TEXAS, VIRGINIA, AND WEST VIRGINIA**

Any person who knowingly and with intent to defraud any insurance company or another person, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and [NY: substantial] civil penalties. In LA, ME, TN, and VA, insurance benefits may also be denied.

APPLICABLE IN CALIFORNIA

For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

APPLICABLE IN COLORADO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA

Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

APPLICABLE IN FLORIDA

Pursuant to S. 817.234, Florida Statutes, any person who, with the intent to injure, defraud, or deceive any insurer or insured, prepares, presents, or causes to be presented a proof of loss or estimate of cost or repair of damaged property in support of a claim under an insurance policy knowing that the proof of loss or estimate of claim or repairs contains any false, incomplete, or misleading information concerning any fact or thing material to the claim commits a felony of the third degree, punishable as provided in S. 775.082, S. 775.083, or S. 775.084, Florida Statutes.

APPLICABLE IN HAWAII

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

APPLICABLE IN IDAHO

Any person who knowingly and with the intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN INDIANA

A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

APPLICABLE IN KANSAS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN MARYLAND

Any person who knowingly and [or]* willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and [or]* willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. * [or] effective 01-01-2013

APPLICABLE IN MINNESOTA

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN NEVADA

Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete or misleading information concerning a material fact is guilty of a felony.

APPLICABLE IN NEW HAMPSHIRE

Any person who, with purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

APPLICABLE IN OHIO

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA

WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN WASHINGTON

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

ACORD™ AUTO ACCIDENT INFORMATION FORM

KEEP THIS DOCUMENT IN YOUR GLOVE COMPARTMENT

IF YOU HAVE AN ACCIDENT, use this form to record the facts about the accident, including names and address of all parties involved, and any witnesses to the accident. Give the completed form to your insurance agent or company, or provide the information by phone.

DATE OF ACCIDENT AND TIME _____ : _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	LOCATION OF ACCIDENT (INCLUDE CITY & STATE) _____
DESCRIPTION OF ACCIDENT (USE REVERSE SIDE IF NECESSARY) _____ _____ _____	
AUTHORITY CONTACTED AND REPORT # _____	ANY VIOLATIONS/CITATIONS AS A RESULT OF THE ACCIDENT (DESCRIBE) _____

PROPERTY DAMAGED (NOT YOUR VEHICLE)

DESCRIBE PROPERTY (If auto, year, make, model, plate #) _____ _____	INSURANCE COMPANY _____	
OWNER'S NAME & ADDRESS _____ _____	RESIDENCE PHONE (A/C, No): _____ BUSINESS PHONE (A/C, No, Ext): _____	
OTHER DRIVER'S NAME & ADDRESS _____ (Check if same as owner) <input type="checkbox"/>	RESIDENCE PHONE (A/C, No): _____ BUSINESS PHONE (A/C, No, Ext): _____	
DRIVER'S LICENSE NUMBER _____	DESCRIBE DAMAGE _____	WHERE CAN DAMAGE BE SEEN? _____

INJURED PARTIES

NAME & ADDRESS	PHONE (A/C, No)	AGE	DESCRIBE INJURY
INJURED WAS: <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> IN YOUR CAR <input type="checkbox"/> IN OTHER CAR			
INJURED WAS: <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> IN YOUR CAR <input type="checkbox"/> IN OTHER CAR			

WITNESSES OR PASSENGERS

NAME & ADDRESS	PHONE (A/C, No)	INS VEH	OTH VEH	OTHER (Specify)

YOUR INSURED VEHICLE

YEAR	MAKE	MODEL		PLATE NUMBER	STATE
OWNER'S NAME & ADDRESS _____ _____				RESIDENCE PHONE (A/C, No): _____ BUSINESS PHONE (A/C, No, Ext): _____	
DRIVER'S NAME & ADDRESS _____ (Check if same as owner) <input type="checkbox"/>				RESIDENCE PHONE (A/C, No): _____ BUSINESS PHONE (A/C, No, Ext): _____	
RELATION TO INSURED (Employee, family, etc.)	DATE OF BIRTH	DRIVER'S LICENSE NUMBER	STATE	PURPOSE OF USE	USED WITH PERMISSION? <input type="checkbox"/> YES <input type="checkbox"/> NO
DESCRIBE DAMAGE _____		WHERE CAN VEHICLE BE SEEN? _____		WHEN CAN VEH BE SEEN?	OTHER INSURANCE ON VEHICLE
YOUR INSURANCE COMPANY NAME			YOUR POLICY NUMBER	YOUR AGENT'S NAME	

POLICYHOLDER INFORMATION

POLICYHOLDER'S NAME & ADDRESS _____ _____	RESIDENCE PHONE (A/C, No): _____ BUSINESS PHONE (A/C, No, Ext): _____
REMARKS _____ _____	

Add/Delete Building(s) & Vehicle(s)

Should church owned property (i.e. sanctuary, parsonage, rental property, annex, community center, vehicle or trailer) be purchase or sold, please complete the attached Add/Delete Coverage Form and forward onto Dwayne Jackson at djackson@umcnic.org or via fax at 312.346.5945.

A premium adjustment will be processed. A revised quarterly invoice will be forwarded to the church during either the 3rd quarter or the 4th quarter dependent upon when the premium adjustment is communicated to the Conference by the insurance carrier.

Add / Delete Coverage

Complete to "add/delete" a vehicle and/or building.

Submit the completed form to Dwayne Jackson via email at djackson@umcnic.org or fax at 312.346.9730

Church/Entity Name: _____

Address/City & State: _____

Phone: _____

E-mail: _____

Completed by: _____

Date: _____

Vehicle	Building
_____ Add _____ Delete	_____ Add _____ Delete
Effective Date of Change: _____	Effective Date of Change: _____
Driver: _____	Church Name: _____
Lien Holder (if financed): _____	Type of Building (sanctuary/parsonage/annex): _____ Building Address: _____ _____
Vehicle Make: _____	Square Footage: _____
Vehicle Model: _____	Total Insured Value (TIV): _____
Vehicle Year: _____	Construction Type (Frame or Joisted Masonry): _____ # of floors: _____
VIN: _____ Purchase Cost: _____	Year Built: _____

Request for Certificate of Insurance

The following information should be assembled and submitted via email to Dwayne Jackson at djackson@umcnic.org.

Offsite events

Submit the following information for issuance of a Certificate of Liability Insurance for offsite events (e.g. parades, festivals, picnics, meetings, banquets, sport venues, etc.):

- Church name
- Church address
- Event name
- Event date(s)
- Event time(s)
- Venue name
- Venue address

** Note, the Certificate of Liability Insurance will list the "venue" as an "Additional Insured" solely with respect to General Liability coverage.*

Leased Equipment

Submit the following information for issuance of a Certificate of Liability Insurance for leased equipment (e.g. copiers, postage machine, rental equipment, etc.):

- Church Name
- Church address
- Leasing company name
- Leasing company address
- Contract or account number
- Equipment name
- Equipment model number
- Equipment value

** Note, the leasing company will be listed as the "Loss Payee" on the Certificate of Liability Insurance*

Bank Mortgages

Submit the following information for issuance of a Certificate of Property Insurance required by a bank (e.g. mortgage):

- Church name
- Church address
- Address of mortgage property
- Bank name
- Bank address
- Account number
- Loan amount

**The Bank will be listed on Certificate of Property Insurance inclusive of the values for the building(s) & content(s).*