

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 issue in accordance with the governing rules and procedures under the State's Workers' Compensation statue/laws.

"Statutory" benefits afforded to injured employees under the State's Workers' Compensation Statue/laws 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 Travelers Property & Casualty Company of America, policy # BME1-2P797000-TIL

Properties with exposure to boilers or pressure vessels are cover through specific insurance coverage underwritten by Travelers Property & Casualty Company of America.

Travelers Property & Casualty Company of America will perform periodic Certified Inspections required by law at no cost.

Should there be interest in having a "no cost" inspection perform 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 Atlantic Specialty Insurance Company, policy # MML-21741-22

Directors and Officers Insurance provide coverage to protect Board members and Trustees for alleged mismanagement of church resources in their volunteer position/role 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 004

Coverage for church sponsor 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.

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

Should foreign travel be planned/expected, please contact Dwayne Jackson via email at djackson@umcnic.org and provide the following:

- Church Name
- Contact Name
- Contact Phone Number
- Travel Date(s)
- Countries Visited
- Number of Travelers

Upon receipt of the above information communication will be sent via email to the church contact indicating trip planning, travel alerts, security measures, emergency assistance and available concierge services.

Full details on travel services is available at 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 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.) 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 Master Insurance Program

The following items/events are **NOT** cover 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 where lack of maintenance contributed to the claim
- 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
- **Sexual misconduct claims WILL NOT be honored for incidents involving volunteer(S) that have not successfully completed Safe Sanctuary training and completed a background check of the volunteer(S) as required by the Conference**

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 payment.

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

2022 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, \$5,000,000 Conference Agg
Employment Related Practices Liability	\$5,000	\$ 1,000,000 Claims Made Basis, \$5,000,000 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	\$ 20,000,000 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 “use for “shared space” by person/group/organizations / non-profits, etc. for “**non-conference sponsored**” gatherings the person/group/entity is require 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 insurance coverage provided by the person/group/entity “must” be at least \$1,000,000 combined single limits for 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 design to meet their operations.

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

The following document should be placed onto 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 – do not 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, 2022–January 1, 2023

Line of Coverage	Carrier Contact Information	Policy Number
Property Insurance	Travelers Property & Casualty Company of America: 800.238.6225 Fax: 800.QUIK-FAX (800.784.5329)	KTK-CMB-0J08847-A-22
General Liability	Philadelphia Insurance Company Phone: 800.765.9749 Fax: 800.685.9238 Email: claimsreport@phly.com	PHPK2351476
Auto Liability & Auto Physical Damage	Philadelphia Insurance Company Phone: 800.765.9749 Fax: 800.685.9238 Email: claimsreport@phly.com Auto glass claims: 877. 443.9893	PHPK2351476
Workers' Compensation	Hartford Insurance Phone: 800.327.3636 Fax: 800.347.8197 Email: Lossconnect@thehartford.com	83WEBT9716
Boiler, Machinery & Equipment Breakdown	Travelers Property & Casualty Company of America: 800.238.6225 Fax: 800.QUIK-FAX (800.784.5329)	BME1-2P797000-TIL
Directors & Officers Employment Practices Liability	Atlantic Specialty Insurance Company Phone: 877.248.3455 Email: claims@onebeacon.com	MML-21741-22
Student Accident	Mutual of Omaha Phone: 800.524.2324	SR2014IL-P-099004
Foreign Trip Travel	ACE American Insurance Phone: 800. 433.0385 24 hrs.: 800.523.9254 ChubbClaimsFirstNotice@chubb.com	PHFD42255051 004

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:	
CITY, STATE, ZIP:	REPORT NUMBER
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="text"/> AM <input type="text"/> 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 <small>(Check if same as owner)</small>	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 <small>(Check if same as owner)</small>				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	

ILLINOIS FORM 45: EMPLOYER'S FIRST REPORT OF INJURY

Please type or print.

Employer's FEIN	Date of report	Case or File #	Is this a lost workday case? Yes No
Employer's name		Doing business as	
Employer's mailing address			Employer's email address
Nature of business or service			SIC code
Name of workers' compensation carrier/admin.		Policy/Contract #	Self-insured? Yes No
Employee's full name			Birthdate
Employee's mailing address			Employee's e-mail address
Gender Male Female	Marital status Married Single	# Dependents	Employee's average weekly wage
Job title or occupation			Date hired
Time employee began work	Date and time of accident		Last day employee worked
If the employee died as a result of the accident, give the date of death.		Did the accident occur on the employer's premises? Yes No	
Address of accident			
What was the employee doing when the accident occurred?			
How did the accident occur?			
What was the injury or illness? List the part of body affected and explain how it was affected.			
What object or substance, if any, directly harmed the employee?			
Name and address of physician/health care professional			
If treatment was given away from the worksite, list the name and address of the place it was given.			
Was the employee treated in an emergency room? Yes No		Was the employee hospitalized overnight as an inpatient? Yes No	
Report prepared by	Signature	Title and telephone #	Email address

Please send this form to: **ILLINOIS WORKERS' COMPENSATION COMMISSION 4500 S. SIXTH ST. FRONTAGE RD SPRINGFIELD, IL 62703**
 By law, employers must keep accurate records of all work-related injuries and illness (except for certain minor injuries). Employers shall report to the Commission all injuries resulting in the loss of more than three scheduled workdays. Filing this form does not affect liability under the Workers' Compensation Act and is not incriminatory in any way. This information is confidential. IC45 8/12

Request for Certificate of Insurance

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

Offsite events

Information require 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
- Name of additional insured

**The Certificate of Liability Insurance will extend "Additional Insured" coverage solely to General Liability.*

Leased Equipment

Information require 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

**The Certificate of Liability will list leasing company as the "Loss Payee."*

Mortgages

Information require for issuance of a Certificate of Property Insurance requested by a bank (e.g. mortgage, loan, etc.):

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

Add/Delete Building

Property Purchased/Acquired/Donated ~ Add Coverage

The following information is immediately require to be sent via email to Dwayne Jackson at djackson@umcnic.org for property purchase/acquire/donated:

The following information is require:

- Church Name
- Church Address (street, city, state& zip code)
- New Property Address (street, city, state & zip code)
- Property Use (i.e. church/parsonage/annex/storage/office, etc.)
- Effective Date of Coverage
- Purchase Price
- Building Insured Value
- Contents Insured Value
- Square Footage
- Construction Type (i.e. frame/joisted masonry/masonry non-combustible)
- Number of Floors Above Ground
- Year Built
- Lightning Rod (Yes / No)
- Burglar Alarm (Yes / No)
- Heat / Security Alarm (Yes/ No)
- Sprinkler System (Yes / No)
- Boiler (Yes / No)
- Age of Roof
- Mortgage Holder Name
- Mortgage Holder Address
- Mortgage Account Number

Upon placement of coverage, Certificate of Insurance (property & liability) will be sent to the church.

Property Sold/Demolish ~ Delete Coverage

To delete coverage for a property sold/ demolish please submit the following information via email to Dwayne Jackson at djackson@umcnic.org:

- Church Name
- Property Address
- Property Use (i.e. church/parsonage/storage/office, etc.)
- Year Built
- Date Termination of Coverage

Any premium adjustment will be invoice and mail to the church during the following quarter billing cycle

Add/Delete Vehicle

Add Coverage ~ New & Donated Vehicles

To add or delete automobile coverage please submit the following information via email to Dwayne Jackson at djackson@umcnic.org:

- Church Name
- Church Address
- Address Where Vehicle is Garaged, including ZIP code
- Effective Date of Coverage
- Year, Make & Model
- Van ~ number of seats (*if applicable*)
- VIN #
- Purchase Price
- Name of Lien Holder (*if applicable*)
- Physical Damage Coverage (Yes / No)

**Liability Coverage is place on all vehicles*

An Auto ID Card will be forward to the church upon receipt of the above-listed information.

Delete Coverage ~ Sold/Inoperable Vehicles

To delete automobile coverage please submit the following information via email to Dwayne Jackson at djackson@umcnic.org:

- Church Name
- Church Address
- Date Termination of Coverage
- Year, Make & Model
- VIN #

Premium Adjustment

An adjusted invoice for any premium credit will be mail to the church during the following quarter billing cycle.

Quick Links

*The following information is available by accessing the NICUMC website at:
<https://www.umcnic.org/riskmanagement>*

- 2022 Insurance Summary & Claim Reporting Instructions
- 2022 Workers' Compensation Poster
- 2022 Claim Reporting Contacts Poster
- Church Self-Inspection Checklist
- Emergency Procedural Manual
- Emergency Safety Procedures for Houses of Worship
- Slip, Trip & Fall Guidebook
- Protecting The Cookie Jar

Training/ Safety Procedures & Publications/ Manuals

The Conference maintains training material (e.g. web-based training, safety procedures, publications & manuals) on a wide array of safety related topics that include the following:

- **Sexual Misconduct Awareness / Safe Sanctuary Training**
 - Active Shooter
 - Slips, Trips, and Falls - Causes & Solutions
 - Emergency Safety Procedures for Houses of Worship
 - Emergency Procedural Manual
 - Disaster Preparation, Response and Evacuation
 - Safe Driving
 - Ministry Protection Memos (MPM) on subjects that include, but not limited to:
 - Church Facility Self-Inspection
 - Winterizing Your Church
 - Halloween Safety
 - Money Handling
 - Financial Safeguards
 - Preventing Slips, Trips and Falls
 - Renter's Insurance for Pastors
 - Emergency Plan For the Disabled
 - Church Emergency Plan
 - Managing Risk In Daycare Centers
 - Maintaining Nursery Care Safety
 - Church Vehicle Management
 - A Safe Church Bus and Van Ministry
 - Responsible Handling of Pastor's Discretionary Fund
 - Screening Those In Charge of Youth
 - Extreme Activities
 - Homeless Shelter

Contact Dwayne Jackson via email at djackson@umcnic.org with your request.

Information contained herein prepared in partnership with:

Arthur J. Gallagher Risk Management, Inc.
The Gallagher Centre
2850 W Golf Road
Rolling Meadows IL 60008
www.ajg.com