



# Property & Casualty Insurance Summary Claim Reporting Instructions

*January 01, 2023 – January 01, 2024*

Information contained herein prepared by the NICUMC Risk Management Department  
in concert with Arthur J. Gallagher & Co.

Please direct all questions to:

**Dwayne Jackson**  
**Director of Risk Management**  
**& Ministry Protection**

**Phone: 312.783.5945**  
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**Website: <http://www.umcnic.org/riskmanagement>**

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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, policy numbers, and the respective insurance carriers for the coverage period commencing January 1, 2023 – January 1, 2024.

Line of Coverage	Policy Number	Carrier Contact Information
Property Insurance	KTK-CMB-0J08847-A-23	Travelers Property Casualty Company of America Phone: 800.238.6225 Fax: 800.QUIK-FAX (800.784.5329)
General Liability	PHPK2498533	Philadelphia Insurance Company Phone: 800.765.9749 Fax: 800.685.9238 Email: claimsreport@phly.com
Auto Liability & Auto Physical Damage	PHPK2498533	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	BME1-2P797000-TIL	Travelers Property Casualty Company of America Phone: 800.238.6225 Fax: 800.QUIK-FAX (800.784.5329)
Directors & Officers/ Employment Practices Liability	MML-27622-23	Atlantic Specialty Insurance Company Phone: 877.248.3455 Email: claims@onebeacon.com
Student Accident	SR2014IL-P-099004	Mutual of Omaha Phone: 800.524.2324
Foreign Trip Travel	PHFD42255051 005	ACE American Insurance Phone: 800. 433.0385 24 hrs.: 800.523.9254 ChubbClaimsFirstNotice@chubb.com

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

#### Questions:

Contact Dwayne Jackson, Director of Risk Management & Ministry Protection at 312.783.5945 or via email: [djackson@umcnic.org](mailto:djackson@umcnic.org).

# Description of Coverages and Deductibles



## Property Coverage

**Property coverage underwritten by Travelers Property & Casualty Insurance Company of America, policy #: KTK-CMB-0J08847-A-23**

All sanctuaries, parsonages and buildings participating under the Northern Illinois Conference (Conference) Master Insurance Program are covered. A description of the coverages and the amount of the “deductible” that applies to each line of coverage are 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 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. Losses are based upon the “appraised value” of the property (e.g. 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 paid based upon 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. This includes loss of “money” due to embezzlement, forgery, theft inside and outside the premises.

### **Bonding**

Bonding of church personnel is not required.

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

Limited coverage available for flood losses or damages.

Deductible: \$2,500

Should the church property rest in a "Flood Zone" please contact Dwayne Jackson at 312.783.5945 or via email at [djackson@umcnic.org](mailto:djackson@umcnic.org) to determine whether "Flood Insurance" should be obtain and the cost to acquire coverage.

### Earthquake

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

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

Deductible: \$2,500 per occurrence

## New Construction / Repairs

All new construction and/or repairs wherein the cost is expected to exceed \$2,500,000 should be reported to the Conference "**before**" construction/repairs begin for coverage to apply. All building structures and materials on the job site will ultimately become part of the structure are included in the \$2,500,000 valuation.

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

**Note, all contractors are required to provide a Certificate of Liability Insurance, listing the "church, its Pastor, Board of Trustees, and NICUMC as "Additional Insureds."**

The following serves as an example on the wording:

**"First United Methodist Church, its Pastor, Board of Trustees and Northern Illinois Conference of The United Methodist Church are additional insureds under the policy"**

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

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



## **General Liability**

**General Liability coverage underwritten by Philadelphia Insurance Company, policy # PHPK2498533**

General Liability covers losses for personal injury, including property damage, to persons other than employees, wherein the church 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 because 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 Coverage**

**There is no coverage for claims arising from breach of the church's computer network/system.**



## **Automobile Liability & Auto Physical Damage Coverage**

**Automobile Liability and Auto Physical Damage is underwritten by Philadelphia Insurance Company, policy # PHPK2498533**

Coverage for vehicles owned by and titled in the name of the church arising out of the operation by church employee 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/donated vehicles should be immediately reported to Dwayne Jackson at the Conference to ensure coverage is place, premium assess to the church and for issuance of an insurance ID Card.

Complete the enclosed Add/Delete Coverage Form and submit via email to [djackson@umcnic.org](mailto:djackson@umcnic.org) in order to delete coverage and adjust /apply any return premium owed to the church.

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

### **Sold Vehicles**

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

Complete and submit the enclosed Add/Delete Coverage Form via email to [djackson@umcnic.org](mailto:djackson@umcnic.org) in order to delete coverage and adjust any premium owed to the church.

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

### **Vehicle Rental**

The conference insurance program does not provide coverage for rental vehicles. No Certificate of Insurance will be issue by the Conference for rental vehicles.

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



## **Workers' Compensation**

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

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

Insurance benefits are issue 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 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.

Deductible: \$2,500 per occurrence

### **Boiler Inspections**

Travelers Property & Casualty Company of America will perform periodic certified inspections as require under the law at no cost.

Should there be interest in having a "no cost" inspection please forward an email to Dwayne Jackson at [djackson@umcnic.org](mailto:djackson@umcnic.org) advising of interest.

## **Directors and Officers Liability & Employment Practices Liability**

### **Directors and Officers coverage underwritten by Atlantic Specialty Insurance Company, policy # MML-27622-23**

Directors and Officers Insurance provides 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, adult fitness class and adult basketball).

Eligible medical expenses payable under any other insurance policy or service contract will be use 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](mailto:djackson@umcnic.org).

Deductible: None

## **Foreign Trip Travel**

**Foreign Trip coverage underwritten by ACE Insurance, policy # PHFD42255051 005**

Coverage for church sponsored foreign trips is available through the Conference. 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 government, are excluded.

Should foreign travel be planned/expected, contact Dwayne Jackson and provide the following:

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

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

Full details on travel services is available at [www.Chubbtravelapp.com](http://www.Chubbtravelapp.com)

Deductible: \$2,500



## **Insurance for Approved Ministries & Special Groups**

### **Ministries Approved By Church**

Insurance coverage for ministries “approved” by the Church 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 (UMVIM) 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 different limits.

Additional information 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](mailto: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.) own and title 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 require reporting.

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

## **“Not” Covered Under the 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, rodents, corrosion, mechanical and/or electrical breakdown, etc.)
- Property vacant more than sixty (60) days. No coverage for losses stemming from:
  - Vandalism
  - Sprinkler leakage
  - Building glass breakage
  - Water damage
  - Theft
  - Attempted theft
- 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 volunteers that have not successfully completed Safe Gatherings training and background check of the employee/volunteer as required by the Conference.**

### Recap of Deductibles

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.

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

## 2023 NICUMC Highlights At-A-Glance

Coverages		Minimum Limits-Per Church
<b>PROPERTY</b>		
<b>Deductible</b>		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
<b>LIABILITY</b>		
<b>Deductible</b>		
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
<b>AUTO</b>		
<b>Deductible</b>		
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
<b>CRIME</b>		
<b>Deductible</b>		
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
<b>WORKERS COMPENSATION</b>		
<b>Deductible</b>		
Part A: Statutory Benefits	Zero	per individual state mandate
Part B: Employers Liability	Zero	1,000,000 / 1,000,000 / 1,000,000 limits
<b>EXCESS LIABILITY</b>		
<b>Deductible</b>		
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

Proprietary and confidential information not to be shared outside the Northern Illinois Conference



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

### **Hired Buses / Carnival Equipment**

Any hired bus, carnival host, carnival equipment, shared space user, etc., must be properly insured by its owner with their own acquired insurance. No coverage is provided by the church and/or the Conference.

The owner of the hired bus, carnival equipment, shared space user etc. 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 Northern Illinois Conference of The United Methodist Church are additional insured under the policy"**

The minimum insurance require is \$1,000,000, combined single limit for General Liability & Property inclusive of statutory limits for workers' compensation.

### **Special Events / Fund Raisers (Non-members)**

If church property (hall, auditorium, etc.) is "rented" or provided to others for "non-conference sponsored" gatherings, the space sharing organization 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 minimum insurance require is \$1,000,000 , ombined single limit 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 designed to meet their operations.

The following "Release and Waiver of Liability" language should be incorporated into the espective Shared Space Agreement used by the church.

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*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 — 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 party(s) about the claim.**
- ★ **Do not discuss "fault."**

**Claim Reporting Directory**

**January 1, 2023 - January 1, 2024**

<b>Line of Coverage</b>	<b>Policy Number</b>	<b>Carrier Contact Information</b>
Property Insurance	KTK-CMB-0J08847-A-23	Travelers Property Casualty Company of America Phone: 800.238.6225 Fax: 800.QUIK-FAX (800.784.5329)
General Liability	PHPK2498533	Philadelphia Insurance Company Phone: 800.765.9749 Fax: 800.685.9238 Email: claimsreport@phly.com
Auto Liability & Auto Physical Damage	PHPK2498533	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	BME1-2P797000-TIL	Travelers Property Casualty Company of America Phone: 800.238.6225 Fax: 800.QUIK-FAX (800.784.5329)
Directors & Officers/ Employment Practices Liability	MML-27622-23	Atlantic Specialty Insurance Company Phone: 877.248.3455 Email: claims@onebeacon.com
Student Accident	SR2014IL-P-099004	Mutual of Omaha Phone: 800.524.2324
Foreign Trip Travel	PHFD42255051 005	ACE American Insurance Phone: 800. 433.0385 24 hrs.: 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)



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**CONTACT INFORMATION**

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

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ADDITIONAL NOTES/COMMENTS OR CUSTOMER SPECIFIC INFORMATION

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**WORKSHEET FOR PROPERTY TELEPHONE REPORTING**

CALLER'S PHONE NUMBER & EXTENSION	CALLER'S TITLE AND NAME	LOSS STATE (STATE WHERE LOSS OCCURRED)
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**ACCOUNT INFORMATION**

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)

<b>DID THE LOSS INVOLVE: BUILDING (REAL PROPERTY) DAMAGE? IF YES,</b>
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 <u>WRITTEN</u> ESTIMATE OR REPAIR BILL FOR BUILDING? IF YES, AMOUNT
<b>CONTENTS (PERSONAL PROPERTY) DAMAGE? IF YES,</b>
DESCRIPTION OF DAMAGE TO CONTENTS
DO YOU HAVE A <u>WRITTEN</u> ESTIMATE OR REPAIR BILL FOR BUILDING? IF YES, AMOUNT
<b>ONLY GLASS OR SIGN DAMAGE?</b>



**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





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

The ACORD name and logo are registered marks of ACORD



AGENCY CUSTOMER ID: \_\_\_\_\_

**INJURED/PROPERTY  
DAMAGED**

NAME & ADDRESS (Injured/Owner)  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				EMPLOYER'S NAME & ADDRESS  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
PRIMARY PHONE #	HOME	BUS	CELL	SECONDARY PHONE #	HOME	BUS	CELL
PRIMARY E-MAIL ADDRESS:				PRIMARY E-MAIL ADDRESS:			
SECONDARY E-MAIL ADDRESS:				SECONDARY E-MAIL ADDRESS:			
AGE	SEX	OCCUPATION		DESCRIBE INJURY			
WHERE TAKEN							
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

ACORD 3 (2012/05)

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AGENCY CUSTOMER ID: \_\_\_\_\_

### **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.

# 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  <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin-left: 5px;">AM</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin-left: 5px;">PM</div> </div>	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):
OTHER DRIVER'S NAME & ADDRESS <small>(Check if same as owner)</small>	BUSINESS PHONE (A/C, No, Ext):
DRIVER'S LICENSE NUMBER	RESIDENCE PHONE (A/C, No):
DESCRIBE DAMAGE	BUSINESS PHONE (A/C, No, Ext):
	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):		
DRIVER'S NAME & ADDRESS <small>(Check if same as owner)</small>		BUSINESS PHONE (A/C, No, Ext):		
RELATION TO INSURED (Employee, family, etc.)		DATE OF BIRTH	DRIVER'S LICENSE NUMBER	STATE
DESCRIBE DAMAGE		WHERE CAN VEHICLE BE SEEN?	PURPOSE OF USE	WHEN CAN VEH BE SEEN?
			USED WITH PERMISSION? <input type="checkbox"/> YES <input type="checkbox"/> NO	OTHER INSURANCE ON VEHICLE



YOUR INSURANCE COMPANY NAME	YOUR POLICY NUMBER	YOUR AGENT'S NAME
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**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](mailto: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 owner name
- Venue name
- Venue address

### 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

### Bank Mortgages

Submit the following information for issuance of a Certificate of Property Insurance required by a bank:

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



### **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](mailto:djackson@umcnic.org).

A premium adjustment will be process and a revised quarterly insurance invoice will be forward to the church during either the 3<sup>rd</sup> quarter or the 4<sup>th</sup> quarter dependent upon when the premium adjustment is communicated by the insurance company to the Conference.

## **Add / Delete Building(s) Form**

### **Property Purchased/Acquired ~ Add Coverage**

Property purchased/acquired should be reported immediately via email to Dwayne Jackson at [djackson@umcnic.org](mailto:djackson@umcnic.org) to ensure coverage is added.

In order to place coverage and issue a Certificate of Property Insurance, submit the following information:

- 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

A Certificate of Insurance will be sent to the church upon receipt of the above-listed information.

### **Property Sold ~ Delete Coverage**

Property sold should be reported immediately to Dwayne Jackson at [djackson@umcnic.org](mailto:djackson@umcnic.org) to ensure coverage is deleted.

Please submit the following information:

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

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

## **Add / Delete Vehicle(s) Form**

### **Add Coverage ~ New & Donated Vehicles**

To add or delete automobile insurance coverage please submit the following information via email to Dwayne Jackson at [djackson@umcnic.org](mailto: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 placed on all vehicles

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

### **Delete Coverage ~ Sold / Inoperable Vehicles**

To delete automobile insurance coverage please submit the following information via email to Dwayne Jackson at [djackson@umcnic.org](mailto: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 sent to the church during the following quarter billing cycle.



## Quick Links

The following information is available on the NICUMC website @ <https://www.umcnic.org/riskmanagement>.

- 2022 Insurance Summary & Claim Reporting Instructions
- 2022 Workers' Compensation Poster
- 2022 NICUMC Insurance Carrier Contact 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](mailto:djackson@umcnic.org) with your request.