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2024-25 EASTERN PENNSYLVANIA CONFERENCE OF  
THE UNITED METHODIST CHURCH INSURANCE PROGRAM



# EASTERN PENNSYLVANIA CONFERENCE OF THE UNITED METHODIST CHURCH

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# EASTERN PENNSYLVANIA CONFERENCE OF THE UNITED METHODIST CHURCH

## 2024 – 2025 Insurance Booklet



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

### **Disclaimer:**

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

# INTRODUCTION

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

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

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

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

## **The current insurance policies are written by:**

**Church Mutual Insurance Company** – Property, Systems and Equipment Breakdown, Crime, Inland Marine, General Liability, Hired and Non-Owned Automobile, Professional Liability, Commercial Automobile (Owned Autos) and Umbrella Liability

**Philadelphia Insurance Companies** – Directors & Officers, Employment Practices Liability, Internet Liability

**Eastern Alliance Insurance Company** - Workers’ Compensation/Employers Liability

**Fair American Select Insurance Company** – Excess Liability (\$5M x \$10M)

**Lloyd’s of London** – Excess Sexual Abuse & Molestation Liability (\$1M x \$1M)

## **Your insurance broker is:**

EHD (Engle-Hambright & Davies, Inc.)  
350 Eagleview Blvd., Suite 110, Exton, PA 19341  
800-544-7292

**Leslie S. Korsunsky, Senior Account Manager, ext. 5009**

**Robert J. Miller, Chief Operating Officer, ext. 5012**

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

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# Section One



# EASTERN PENNSYLVANIA CONFERENCE OF THE UNITED METHODIST CHURCH

## Package Insurance Plan

### SUMMARY OF INSURANCE COVERAGE

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

Church Mutual Insurance Company  
3000 Schuster Lane  
Merrill, WI 54452

Policy Term: July 1, 2024 – July 1, 2025

Policy Number: 0500016-02-776044

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### Named Insured:

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

- The word “Affiliated” is intended to include Yoked and Federated Congregations
- Includes Officers, Directors, Trustees, Employees and Volunteers while acting within the scope of their duties for the Named Insured

### Mailing Address:

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

### Location Address:

980 Madison Avenue  
Norristown, PA 19403



# EASTERN PENNSYLVANIA CONFERENCE OF THE UNITED METHODIST CHURCH

## I. Property Insurance

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

### Coverage:

Blanket Building and Contents per Congregation - Values on file with Company

Deductible per Occurrence:

- Water Damage Deductible – varies per church
- Wind/Hail Deductible – varies per church
- All Other Perils - \$5,000
- Please see fact sheets for your church's specific deductibles

Valuation (Building and Contents) - Replacement Cost, except ACV for roofs

Covered Causes of Loss - Special

Automatic Increase in Insurance Coverage - Keeps pace with inflation.

Agreed Value Coverage - Removes coinsurance provision.

Identity Theft and Recovery – Combines identity theft insurance with recovery services to help victims restore their credit history and identity records.

Limited Flood Coverage: \$5,000 per church Annual Aggregate - provides a limited amount of flood/surface water coverage subject to the provisions (deductible and valuation) of the policy. This coverage is primary over any other collectible insurance and **is not** intended to be a substitute for catastrophic flood coverage.





# EASTERN PENNSYLVANIA CONFERENCE OF THE UNITED METHODIST CHURCH

## Coverage Extensions and Additional Coverages:

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



# EASTERN PENNSYLVANIA CONFERENCE OF THE UNITED METHODIST CHURCH

## Coverage Extensions and Additional Coverages (continued):

Institutional Business Income and Extra Expense	\$250,000
Lock Repair or Replacement - if keys are stolen in an insured theft loss	\$10,000
Refrigerated Food Spoilage – if caused by an off-premises power failure	\$10,000
Arson Reward	\$20,000
Pollution Clean-up – due to a covered cause of loss	\$10,000
Personal Tools and Equipment of Others – Used in construction, renovation or repair of your premises	\$5,000
Fire Extinguisher and Fire Suppression System Recharge – Actual Cost to recharge fire extinguishers after use in a fire, or for recharge of a fire suppression system due to discharge or leakage caused by a covered cause of loss.	Actual cost
Increased Costs due to Enforcement of Building Ordinances – Includes the costs of demolishing the undamaged portion of a building, the value of the undamaged portion that must be demolished, the increased cost to repair or rebuild	\$500,000



# EASTERN PENNSYLVANIA CONFERENCE OF THE UNITED METHODIST CHURCH

Property Coverage Exclusions include, but are not limited to:

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

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

Note: If your church is planning to construct a new building or planning an addition to an existing building, please contact EHD for information on adding Builder’s Risk Coverage for your construction projects. Refer to page 36 for more information.



# EASTERN PENNSYLVANIA CONFERENCE OF THE UNITED METHODIST CHURCH

## II. Systems and Equipment Breakdown Insurance

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

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

Among the items included in this coverage are your:

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

### Limits of Coverage:

Limit per accident	Included in property limit
Valuation	Repair or replacement
Hazardous Substance, excluding ammonia	\$100,000
Property Damage Deductible	\$2,500

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

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

**Note:** See page 43 for instructions on how to order a boiler inspection.





# EASTERN PENNSYLVANIA CONFERENCE OF THE UNITED METHODIST CHURCH

## III. Crime Insurance

### Employee/Volunteer Dishonesty

Limit: \$100,000

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

There is no deductible.

### Forgery or Alteration

Limit: \$50,000

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

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

There is no deductible.

### Theft of Money and Securities

Limit: \$25,000\*

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

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

Deductible: \$500 per occurrence.

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

Governmental Authority Exclusion

Nuclear Reaction, Radiation or Radioactive Contamination Exclusion

War Exclusion

Accounting Errors or Omissions Exclusion



# EASTERN PENNSYLVANIA CONFERENCE OF THE UNITED METHODIST CHURCH

## IV. Inland Marine Insurance

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

<b>Fine Arts</b> Valuation: Agreed Value	Limit: \$25,000 Deductible: \$2,500
<b>Premises Maintenance Equipment</b> Valuation: Actual Cash Value	Limit: \$30,000 Deductible: \$1,000
<b>Portable Office Equipment</b> Valuation: Replacement Cost	Limit: \$5,000 Deductible: \$1,000
<b>Musical Instruments (Other than Individuals)</b> Valuation: Actual Cash Value	Limit: \$25,000 Deductible: \$1,000
<b>Accounts Receivable</b> Valuation: Actual Cash Value	Limit: \$25,000 Deductible: \$1,000
<b>Pastor's Property in Transit*</b> Valuation: Actual Cash Value	Limit: \$25,000 Deductible: \$1,000

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

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

All other terms and conditions remain the same.

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

- Governmental Action Exclusion
- Nuclear Hazard Exclusion
- War and Military Action Exclusion
- Deterioration Exclusion
- Wear and Tear Exclusion



# EASTERN PENNSYLVANIA CONFERENCE OF THE UNITED METHODIST CHURCH

## V. General Liability Insurance

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

### Limits of Coverage:

Bodily Injury and Property Damage Liability (per occurrence)	\$1,000,000
Personal and Advertising Injury (per occurrence)	\$1,000,000
Products and Completed Operations Aggregate -Limit per policy year at each location	\$1,000,000
General Aggregate (other than Products/Completed Operations and Sexual Misconduct or Molestation) -Limit per policy year at each location	\$3,000,000
Property Damage Legal Liability -Any one occurrence at one location	\$1,000,000
Medical Expense Limit (Includes Athletic Activities)* -Per person (other than Sexual Misconduct or Molestation)	\$15,000
*Note – medical expense coverage for most operations of the insured is on a primary basis, however, for camps, schools and day cares, it is excess.	
Sexual Misconduct or Molestation (Combined) All locations and operations -Each Occurrence	\$1,000,000
-Annual Aggregate	\$1,000,000
Sexual Misconduct or Molestation Medical Expense Limits -Per Person	\$10,000
-Annual Aggregate per location	\$50,000



# EASTERN PENNSYLVANIA CONFERENCE OF THE UNITED METHODIST CHURCH

## Limits of Coverage Continued:

Legal Defense Coverage	
-Each Defensible Incident Limit	\$5,000
-Annual Aggregate	\$15,000
-Deductible per occurrence	\$250
Catastrophic Violence Response	
-Per Person	\$50,000
-Each Violent Incident Limit	\$300,000
-Violent Incident Aggregate Limit	\$300,000
Corporal Punishment	Subject to the general liability limits of the policy
Cemetery Liability	Subject to the general liability limits of the policy

NOTE: Pastors living in church-owned parsonages are required to obtain a liability insurance policy to cover their own usage of the parsonage. They are also responsible for covering their own property in the parsonage if they so choose. The church policies only cover church-related usage of the parsonage and church-owned property in the parsonage.

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

Expected or Intended Injury Exclusion	Asbestos Liability Exclusion
Contractual Liability Exclusion	Cyber Liability Exclusion
Workers' Compensation Exclusion	Lead Liability Exclusion
Employers Liability Exclusion	War Liability Exclusion
Aircraft, Auto or Watercraft Exclusion	Nuclear Energy Liability Exclusion
Damage to Your Property Exclusion	





# EASTERN PENNSYLVANIA CONFERENCE OF THE UNITED METHODIST CHURCH

## VI. Hired and Non-Owned Automobile Insurance

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

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

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

### Limits of Coverage

Hired and Non-Owned Automobile Liability Coverage	
-Excess Insurance over any Personal Automobile policy.	
Each Occurrence	\$1,000,000
Annual Aggregate	\$3,000,000
Medical Expense Coverage – Excess Insurance	
Each Person	\$15,000
Annual Aggregate	\$25,000
Rental Automobile Contractual Liability	
Physical Damage Annual Aggregate	\$250,000
Deductible per occurrence	\$250

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

- Pollution Exclusion
- Expected or Intended Injury Exclusion
- Workers' Compensation Exclusion
- Contractual Liability Exclusion



# EASTERN PENNSYLVANIA CONFERENCE OF THE UNITED METHODIST CHURCH

## VII. Professional Liability Insurance

### Counseling Professional Liability Insurance

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

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

### Employee Benefits Liability

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

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

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

Financial Counseling Exclusion	Exemplary or Punitive Damages Exclusion
Workers' Compensation Exclusion	Aircraft, Auto or Watercraft Exclusion
Dishonest or Criminal Acts Exclusion	



# EASTERN PENNSYLVANIA CONFERENCE OF THE UNITED METHODIST CHURCH

## Voluntary Commercial Automobile Insurance Plan

Automobile Insurance for Church vehicles, owned or leased, through the Conference Insurance Program is not mandatory; however, coverage may be purchased through the program by contacting EHD at 800-544-7292.

### SUMMARY OF INSURANCE COVERAGE

Church Mutual Insurance Company  
3000 Schuster Lane  
Merrill, WI 54452

Master Policy Term: July 1, 2024 to July 1, 2025

Policy Number: 0500016-09-776112

### Liability Limits – Any One Accident:

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



# EASTERN PENNSYLVANIA CONFERENCE OF THE UNITED METHODIST CHURCH

## Liability Limits Continued – Any One Accident:

### Auto Physical Damage

Comprehensive– Deductible:	\$1,000
Collision – Deductible:	\$1,000
Valuation	Actual Cash Value

### Coverage Territory

The United States of America and its territories and possessions, Puerto Rico, Canada

If traveling overseas, you may require separate coverage. Please contact EHD.

NOTE: THERE IS NO COVERAGE PROVIDED IN MEXICO.

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

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

**Please contact EHD to submit new drivers. Drivers’ list form can be found on page 39.**

**NO AUTOMATIC COVERAGE IS PROVIDED. ALL VEHICLE CHANGES MUST BE REPORTED TO EHD.**





# EASTERN PENNSYLVANIA CONFERENCE OF THE UNITED METHODIST CHURCH

## Commercial Umbrella Liability Insurance Plan

### SUMMARY OF INSURANCE COVERAGE

Church Mutual Insurance Company  
3000 Schuster Lane  
Merrill, WI 54452

Master Policy Term: July 1, 2024 to July 1, 2025

Policy Number: 0500016-81-776073

### LIMITS OF INSURANCE

### CONFERENCE-WIDE LIMIT

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

### Umbrella liability coverage is extended over the following:

- General Liability (Bodily Injury, Property Damage, Personal Injury and Advertising Injury and Products and Completed Operations)
- Hired and Non-owned Automobile Liability
- Business Automobile Bodily Injury and Property Damage Liability
- Pastoral Counseling Liability
- Workers' Compensation Employer's Liability

### Umbrella liability coverage is not extended over the following:

- Directors, Officers & Trustees Liability
- Employment Practices Liability
- Employee Benefits Liability
- Sexual Misconduct/Sexual Molestation Liability
- Uninsured and Underinsured Motorists
- Cyber Liability
- Nuclear Energy Liability
- Asbestos Liability
- Lead Liability



# EASTERN PENNSYLVANIA CONFERENCE OF THE UNITED METHODIST CHURCH

## Excess Liability Insurance Plan

### SUMMARY OF INSURANCE COVERAGE

Fair American Select Insurance Company  
One Liberty Plaza, 165 Broadway  
New York, NY 10006

Master Policy Term: July 1, 2024 to July 1, 2025

Policy Number: CSX-8000542-00

### LIMITS OF INSURANCE

### CONFERENCE-WIDE LIMIT

Each Occurrence	\$5,000,000
General Aggregate	\$5,000,000

**Excess liability coverage is extended over the following:**

- Umbrella (\$10M) (Church Mutual)

### SUMMARY OF INSURANCE COVERAGE

Lloyd's of London  
280 Park Avenue East Tower, 25th Floor  
New York, NY 10017

Master Policy Term: July 1, 2024 to July 1, 2025

Policy Number: SML23032A24

### LIMITS OF INSURANCE

### CONFERENCE-WIDE LIMIT

Each Sexual Abuse or Molestation Occurrence	\$1,000,000
General Aggregate	\$1,000,000

**Excess liability coverage is extended over the following:**

- Sexual Misconduct or Molestation Coverage (Church Mutual)



# EASTERN PENNSYLVANIA CONFERENCE OF THE UNITED METHODIST CHURCH

## Workers’ Compensation Insurance Plan

### SUMMARY OF INSURANCE COVERAGE

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

Master Policy Term: July 1, 2024 to July 1, 2025  
  
Policy Number: 001-0000030188-2024A

### Limits of Insurance

Coverage A: Workers’ Compensation	PA Statutory Benefits
Coverage B: Employers Liability	
Bodily Injury by Accident – each accident	\$1,000,000
Bodily Injury by Disease – each employee	\$1,000,000
Bodily Injury by Disease – policy limit	\$1,000,000

### Workers’ Compensation Claims Reporting

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

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

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



# EASTERN PENNSYLVANIA CONFERENCE OF THE UNITED METHODIST CHURCH

## Executive Package Insurance Plan

### SUMMARY OF INSURANCE COVERAGE

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

Master Policy Term: July 1, 2024 to July 1, 2025  
Policy Number: PHSD1807768-017

### Limits of Insurance:

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

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

Sexual Misconduct

THIS IS A CLAIMS MADE POLICY FORM

PROVIDE WRITTEN NOTIFICATION OF ANY CLAIM AS SOON AS PRACTICAL







## Section Two



# EASTERN PENNSYLVANIA CONFERENCE OF THE UNITED METHODIST CHURCH

## GENERAL QUESTIONS AND REPORTING CHANGES

If you have questions about this Insurance Program or if you have changes to make regarding property, automobile, etc., please contact EHD at the following:

- **Toll Free Telephone Number: 800-544-7292**  
**Monday through Friday, 8:00 a.m. to 4:30 p.m.**
- **Mail, Email or Fax to:**

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

**E-mail:** [LKorsunsky@ehdinsurance.com](mailto:LKorsunsky@ehdinsurance.com)  
[RMiller@ehdinsurance.com](mailto:RMiller@ehdinsurance.com)

**Fax:** **717-394-0842**

**Report any of the following coverage changes to EHD:**

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



# EASTERN PENNSYLVANIA CONFERENCE OF THE UNITED METHODIST CHURCH

## Claim Reporting Procedures

### A. Workers' Compensation:

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

Note: See worksheet on page 28 for information needed to report claim.

### B. All Other Claims:

Between 8:00am and 4:30pm Monday thru Friday, contact Nicole Wagner at EHD at: 800-544-7292 ext. 4377, fax 717-390-4339 or [NWagner@ehdinsurance.com](mailto:NWagner@ehdinsurance.com).

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

- 24 hour call center: 800-554-2642, option #2
- Fax: 715-539-4651
- Email: [claims@churchmutual.com](mailto:claims@churchmutual.com)
- Online: Go to [www.churchmutual.com](http://www.churchmutual.com), click on "File a Claim"

Please reference the following policy numbers when reporting your claim:

#### POLICY TYPE

#### POLICY NUMBER

Property, General Liability, Professional Liability, Inland Marine,  
Systems & Equip. Breakdown, Crime, Hired & Non-Owned Auto

0500016-02-776044

Automobile

0500016-09-776112

Workers' Compensation

001-0000030188-2024A

Please also be ready to provide the following information:

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



# Eastern Alliance Claim Reporting Worksheet

24/7 TELECLAIM: 800.336.3658 / ONLINE: [WWW.EAINS.COM](http://WWW.EAINS.COM)

- DO NOT FAX OR EMAIL THIS FORM TO US -

## General Information

Date of Loss/Injury: \_\_\_\_\_ Submitter Name and Title: \_\_\_\_\_

Submitter Phone #: (\_\_\_\_) \_\_\_\_ Ext. \_\_\_\_\_

Who is the contact person for the claim?: \_\_\_\_\_

First Report of Injury Distribution:

If you want the First Report of Injury **emailed** to you please provide an email address (you can provide up to 2):

If you want the First Report of Injury **faxed** to you, please provide a fax number (you can provide up to 2):

(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

## Policyholder Information

Employer Mailing Address: PO Box 820, Valley Forge, PA 19482-0820 County: Montgomery

Physical address: 980 Madison Avenue, Norristown, PA 19403 County: Montgomery

Location Code/Name where accident occurred: <Church Name>

Policy Number: \_\_\_\_\_

## Injured Worker Information

Injured Worker's Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Injured Worker's Name and mailing address: \_\_\_\_\_

Injured Worker's Phone # with area code: (\_\_\_\_) \_\_\_\_\_ Gender: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ # of Dependents: \_\_\_\_\_

Hire date: \_\_\_\_/\_\_\_\_/\_\_\_\_ State of Hire: \_\_\_\_\_ Job Title: \_\_\_\_\_

Employment Status: \_\_\_\_\_ Was the injured worker paid full wages for the day of injury?: \_\_\_\_\_

Supervisor Name and Phone #: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_

## Accident Information

Did the accident occur on the employer's premises?: \_\_\_\_\_

If No, provide the accident site name/address: \_\_\_\_\_

Time of Injury: \_\_\_\_\_ am/pm Time Shift began: \_\_\_\_\_ am/pm

Did the Injured Worker lose time as a result of the injury?: \_\_\_\_\_

Date last work or # of days off: \_\_\_\_\_ First day off of work: \_\_\_\_\_

Has the Injured Worker returned to work (RTW)? \_\_\_\_\_ Date Returned: \_\_\_\_\_

If RTW, is the injured worker working with or without restrictions? \_\_\_\_\_

If working with restrictions: Will the injured worker lose any wages/hours/benefits?: \_\_\_\_\_

Please list any work restrictions: \_\_\_\_\_

Date Employer notified of the injury: \_\_\_\_\_ Name of person notified: \_\_\_\_\_

Did the injury result in death?: \_\_\_\_\_

Nature of injury: \_\_\_\_\_ Body part(s) injured: \_\_\_\_\_

If applicable: Right/Left/Both (circle one) Finger/Toes (which finger or toe): \_\_\_\_\_

Cause of injury: \_\_\_\_\_

Description of accident: \_\_\_\_\_

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

Witness Name and Phone #: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Witness Name and Phone #: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

## Treatment Information

What type of initial treatment did the Employee receive?: \_\_\_\_\_

Was there emergency/or ambulance service provided at time of loss?: \_\_\_\_\_

Name, address, phone number of medical provider/facility: \_\_\_\_\_

\_\_\_\_\_  
(\_\_\_\_)

Physician Name: \_\_\_\_\_

Follow Up Treatment Information: \_\_\_\_\_

Was a list of medical providers (panel) given to the Injured Worker?: \_\_\_\_\_

Additional Information: \_\_\_\_\_



# EASTERN PENNSYLVANIA CONFERENCE OF THE UNITED METHODIST CHURCH

## Foreign Missions & Outreach Insurance Plan

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

This is an OPTIONAL Coverage.

### Questions & Answers:

#### Q: Why Do I need it?

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

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

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

#### Q: How does this work?

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

#### Q: How do I sign-up?

A: Contact EHD for all additional information and applications at:

**EHD**  
350 Eagleview Blvd.  
Suite 110  
Exton, PA 19341  
800-544-7292

**Leslie S. Korsunsky, Senior Account Manager**  
[LKorsunsky@ehdinsurance.com](mailto:LKorsunsky@ehdinsurance.com)  
**Robert J. Miller, Chief Operating Officer**  
[RMiller@ehdinsurance.com](mailto:RMiller@ehdinsurance.com)





## PARENTAL CONSENT FORM

This Parental Consent Form gives permission for my child to participate in an activity sponsored by a local church, cluster, District of the Eastern Pennsylvania Conference of The United Methodist Church. (All portions of this form shall be completed for registration).

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

**I give permission for my child.....to attend and participate in**

(full name of child)

.....**to be held**.....

(name of event)

(date)

**at**.....

(place of event)

My child has the following physical condition that may require special attention:

( ) Diabetes ( ) Hyperventilation ( ) Convulsions ( ) Seizures ( ) Allergies

( ) Other (*please specify*).....

Does your child require any special accommodations or have special accessibility needs?

Explain.....

(A counselor or youth staff member will contact you to discuss these needs.)

### Medical Treatment Release and Liability Release

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

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

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

Name of parent/guardian (*Please print*).....

Signature of parent/guardian.....Date.....

Telephone: Home.....Office.....

Medical Insurance Carrier.....Group No.....

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





## CERTIFICATES OF INSURANCE

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

EHD will provide Certificates of Insurance to the Churches upon request. If you require a Certificate of Insurance please provide the following (see certificate request form on page 32):

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

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

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

The Certificate of Insurance should indicate proper insurance coverage, limits, name of the insurance company, policy number, effective dates of coverage, and, in most cases, name the church and Conference as an Additional Insured (see sample certificate provided on page 33). Additional insured status is typically free on a commercial (business) insurance policy; however there may be a small charge on a homeowners or renters policy.

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

The practice of obtaining Certificates of Insurance in conjunction with the User Agreement (page 35 of this booklet) will help to ensure that claims for which third party users are responsible will be covered by their own insurance, not the churches. This will go a long way towards keeping insurance costs down for all churches in the Conference.



# EASTERN PA CONFERENCE CERTIFICATE REQUEST FORM

Date: \_\_\_\_\_

Church ID#: \_\_\_\_\_

**Church Name and Mailing Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requested By: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Certificate Holder Name and Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attention: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Add Cert. Holder as:**    **Mortgagee**\_\_\_\_\_    **Loss payee**\_\_\_\_\_    **Additional Insured**\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

**Date & Description of event/rental:**

- \_\_\_\_\_  
1. Is this a church-sponsored activity? \_\_\_\_\_  
2. Does the Board of Trustees exercise direct, complete and active control over the  
finances, properties and operations of the activity? \_\_\_\_\_  
3. Does the church have a contract? (For equipment lease, or use of property. If so, please  
have the insured fax a copy.) \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YY)  
**Current issue date**

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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

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

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**  
 (Your Church Name) United Methodist Church and Eastern Pennsylvania Conference of the United Methodist Church are named as Additional Insureds with respect to the General Liability policy for (specify work to be performed).

<b>CERTIFICATE HOLDER</b>  Church name Street address City, State Zip	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE <b>Signature of Insurance Agent</b>
---	---

## **USER AGREEMENT (Sample Wording)**

### **PURPOSE:**

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

### **Remember:**

If the various groups using the church premises have their own insurance, a certificate of insurance naming the church as additional insured should be requested of them (see pages 31 - 33) in addition to the user agreement.



## USER AGREEMENT

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

**WHEREAS, UMC** is the owner of a building located at \_\_\_\_\_

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

1. UMC shall make available to Use (description of facilities):  
from \_\_\_\_\_ to \_\_\_\_\_. (dates)
2. User agrees to indemnify and hold UMC harmless from any and all liability including attorney's fees arising out of User's use of the above premises or the building of which the facilities are a part or the parking facilities on or adjacent therefore (hereinafter "the facilities").
3. User understands that the responsibility to obtain liability and property insurance is upon the User. It is not the duty or responsibility of UMC to insure the User's use of the facilities. It is recommended that the User obtain its own liability and property coverage for its use of the facilities.
4. User agrees to abide by and obey all laws, ordinances, and regulations promulgated by any government unit having jurisdiction in UMC's locale. User will not engage in any activities in violation of such laws, ordinances, rules and regulations.
5. UMC may terminate this Agreement at any time by written notice.

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

Signed _____	_____
(UMC Representative)	(User Representative)
_____	_____
(Name of Church)	(Name of User)
_____	_____
(Address)	(Address)
_____	_____
(Telephone Number)	(Telephone Number)



## Builders Risk Insurance

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

Please contact EHD prior to the start of construction so that we can secure the appropriate additional insurance.





## PROPERTY CHANGE NOTIFICATION FORM

Please complete a copy of this form and submit it to EHD whenever insurance coverage needs to be changed due to any of the following:	
_____ purchase of new land or building	_____ sale of existing building or land
_____ new or updated appraised values	_____ cemetery operations
_____ day care or _____ school operations	_____ other, please describe _____

### Effective Date of Change: \_\_\_\_\_

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

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

### School or Day Care Operations:

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

### Cemetery Operations or Vacant Land:

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

## AUTOMOBILE CHANGE NOTIFICATION FORM

Effective Date of Change:\_\_\_\_\_ Church ID #:\_\_\_\_\_

Church name and address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Name:\_\_\_\_\_ Phone #:\_\_\_\_\_

Email:\_\_\_\_\_ Request Date:\_\_\_\_\_

---

\_\_\_\_ Add

\_\_\_\_ Delete

\_\_\_\_ Change

Year:\_\_\_\_\_

Make:\_\_\_\_\_

Model:\_\_\_\_\_

VIN #:\_\_\_\_\_

Cost New:\_\_\_\_\_

Leased or financed? Yes\_\_\_\_\_ No\_\_\_\_\_

Name/address of additional insured/loss payee:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments:\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EASTERN PA CONFERENCE DRIVER LIST

Church Name and ID #

---

Name	Date of Birth	Driver License Number	State

## ACCIDENT INVESTIGATION REPORT

Name of Church \_\_\_\_\_ Church ID # \_\_\_\_\_ Phone \_\_\_\_\_

Date of Incident \_\_\_\_\_ Time \_\_\_\_\_ AM/PM \_\_\_\_\_

Location of

Incident \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Describe Incident:

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Describe Damages: \_\_\_\_\_

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Call to law enforcement needed? \_\_\_\_\_ Responding Department \_\_\_\_\_

Name of Witness \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name of Witness \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name of Witness \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name of Witness \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name of Person Injured \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Parent or Guardian (if applicable) \_\_\_\_\_

Relationship with Church – Employee \_\_\_\_\_ Member \_\_\_\_\_ Volunteer \_\_\_\_\_ Visitor \_\_\_\_\_

Medical Treatment Needed? Describe \_\_\_\_\_

How could this accident have been prevented? \_\_\_\_\_

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What action will be taken to prevent future incidents? \_\_\_\_\_

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Investigation completed by: \_\_\_\_\_ Date \_\_\_\_\_

Incident Report forwarded to: \_\_\_\_\_ Date \_\_\_\_\_

## NOTICE OF INSURANCE LOSS

Send to: EHD 1857 William Penn Way Lancaster, PA 17601		EASTERN PA CONFERENCE OF THE UNITED METHODIST CHURCH	
<b>SECTION I</b>		Church ID:	
Name of Church:		Phone Number:	
Address:			
Pastor's Name:		Phone Number:	
<b>SECTION II</b>			
Date of Loss:		Time of Loss:	
Description of Loss:			
<b>SECTION III – PROPERTY</b>			
Describe Damage:			
Estimate Amount:			
<b>SECTION IV – GENERAL LIABILITY</b>			
Claimant Name:		Age:	Phone Number:
Address:			
Injury/Damage:			
Member of Church?			
<b>NOTE: ALL ALLEGED SEXUAL MISCONDUCT INCIDENTS MUST BE IMMEDIATELY REPORTED TO YOUR DISTRICT SUPERINTENDENT'S OFFICE</b>			

Submitted by: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Title: \_\_\_\_\_ Date: \_\_\_\_\_

Please report all claims, EXCEPT Workers' Compensation, to:  
 EHD, Attn: Nicole Wagner, 800-544-7292 ext. 4377  
 Please report Workers' Compensation claims to Eastern Alliance Insurance Company:  
 800-336-3658

## **Risk Control and Safety Resources**

### On-line safety resources for all members of the Eastern PA Conference

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

Church Mutual safety resources can be found at [www.churchmutual.com](http://www.churchmutual.com). They include Transportation Safety, Child and Youth Sexual Abuse Prevention, Background Screening, Risk Reporter and Risk Alert articles, activity safety, videos, webinars, sample legal forms, etc. These materials can be printed, emailed, or ordered directly from this site. Click on the link below for free safety information:

<https://www.churchmutual.com/98/Safety-Resources>

Eastern Alliance Insurance Company, your Workers' Compensation carrier, also has many safety resources which can be found at the following link:

<https://www.easternalliance.com/resources/resource-library>



## Requesting a Boiler and Machinery Inspection

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

### Call for scheduling:

- Schedule an inspection after installing new equipment.
- Schedule an inspection for state or local jurisdictional certificate requirements.

### Call for technical support:

- Information on jurisdictional codes and inspection requirements.
- Information on how to prepare for an inspection.

**Telephone:** 800-333-4677

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

**E-mail:** nscinsp\_hotline@hsb.com

### Information you will need when calling:

- Your Church Mutual policy number: 0500016-02-776044
- The insured name as listed on the Church Mutual policy: Eastern PA Conference of the UMC
- Location name/address for each building with a boiler
- Contact name and telephone number

