

REVIVE225
A MINISTRY OF FIRST UNITED METHODIST



CHURCH LIABILITY & ACCIDENT POLICY

Church Liability and Accident Policy

Church Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Fax _____

Insurance Information

Insurance Company _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Fax _____

Contact Person _____

Policy Number _____

** Please attach a copy of proof of Liability and Accident Insurance

* You must present a certificate of insurance proving you have coverage listing FUMCBR/Revive225 as insured up to \$1,000,000.