

**Purpose and Use:**

This form enables every church to document the existence and adequacy of the church's insurance as outlined in the minimum insurance requirements put forth by the General Council on Finance and Administration (§ 2533.2 of the *Book of Discipline*).

The board of trustees are required to submit its review of the adequacy of coverage to the charge conference each year (§ 2550.7) along with recommendations needed to timely bring the church into compliance with the published schedule (§ 2533.2).

**Instructions:**

1. Please complete each section of the form.
2. Your six-digit GCNO can be found on [www.umdata.org](http://www.umdata.org) using the link provided. Simply provide enough identifying information to locate your church's record and copy the GCNO from the upper righthand corner of the screen into the box provided on the form.
3. Dates are in a m/d/yy format (e.g. 7/15/22) and can be typed in or selected from the calendar using the tab on the right of the box that will appear when you enter that box.
4. Click on the appropriate option in the boxes with lists to change your selection if it does not match the highlighted default selection.
5. The information you need can be found in each of the declaration pages of the applicable policies.
6. Your insurance agent should be able to help you with any information you cannot locate or any questions you may have about the requested data.

**NOTE:** If you are insured through the United Methodist Insurance Program, you will receive a form with the coverages you have with the program pre-filled for you (**still in development**).

**General Council on Finance and Administration  
Insurance Worksheet**



Church name  Prepared by   
 Date (m/d/yy)  Email

GCNO. (Can be found at [www.umdata.org](http://www.umdata.org))

PROPERTY COVERAGE	Insurance Company	Renewal Date (m/d/yy)	Total Value Building & Contents	Basic Deductible
Total - Building and Contents	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Co-insurance %	<input type="text"/>	Property Valuation Method	<input type="text"/> Replacement Cost <input type="text"/> Actual Cash Value <input type="text"/> Estimated Replacement	Wind/Hail Deductible (if any) <input type="text"/>
Has a commercial replacement cost appraisal been completed in the last 3 years?				<input type="text"/> Yes <input type="text"/> No
Does the policy include inflation guard coverage?				<input type="text"/> Yes <input type="text"/> No
Does the policy provide blanket property coverage?				<input type="text"/> Yes <input type="text"/> No
Does the policy include an agreed value endorsement?				<input type="text"/> Yes <input type="text"/> No

CASUALTY COVERAGE	Insurance Company	Renewal Date (m/d/yy)	Per Occurrence Limit	Aggregate Limit
Insured items:				
Commercial General Liability	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pastoral Counseling Liability			<input type="text"/>	<input type="text"/>
Sexual Misconduct Liability			<input type="text"/>	<input type="text"/>
Hired & Non-Owned Auto Liability			<input type="text"/>	<input type="text"/>
Hired & Non-Owned Auto - Physical Damage			<input type="text"/>	
Employee Benefits Liability			<input type="text"/>	<input type="text"/>
Medical Payments			<input type="text"/>	
Umbrella Liability	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Crime/Employee Dishonesty Coverage	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Director & Officer's/Employment Practices Liability Coverage	Insurance Company	Renewal Date (m/d/yy)	Per Claim Limit	Aggregate Limit
Director's & Officer's Liability	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employment Practices Liability	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Treasurer Surety Bond	Is a Bond in Place?	Insurance Company	Renewal Date (m/d/yy)	Limit
	<input type="text"/> Yes <input type="text"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>

Workers' Compensation Coverage	Insurance Company	Renewal Date (m/d/yy)	Per Occurrence Limit	Aggregate Limit
Bodily Injury by Accident - Each Accident	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bodily Injury by Disease - Policy Limit			<input type="text"/>	<input type="text"/>
Bodily Injury by Disease - Each Employee			<input type="text"/>	<input type="text"/>

Commercial Auto Coverage	Applicable?	Insurance Company	Renewal Date (m/d/yy)	Auto Liability Limit
Commercial Owned Auto	<input type="text"/> Yes <input type="text"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>