



ABCNJ Regional  
Insurance Program  
*Master Insurance Program*

Summary of Coverage  
May 25<sup>th</sup>, 2024 - May 25<sup>th</sup>, 2025

This coverage summary is for illustration purposes only. It is not a legal contract and is not a substitute for the insurance policy. The actual policy terms, conditions, limits, and exclusions will govern in the event of a claim.

**Corporate Headquarters**  
920 Cassatt Rd Suite 100  
Berwyn, PA 19312  
800.222.4478  
[www.sovinsurance.com](http://www.sovinsurance.com)



## Disclaimer:

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*This booklet provides a brief summary of coverage available to churches of the ABCNJ Regional Insurance Program. This booklet does not alter, waive or negate any of the policy terms, conditions or exclusions. Its purpose is to give a general overview of the significant coverage areas available to the member churches. If questions arise about specific coverage matters, ones should consult the actual insurance policies.*

## Introduction

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The Property and Casualty Insurance Program the ABCNJ Regional Churches was designed by the ABCNJ and Sovereign Insurance Group. Only member churches of the ABCNJ are included in this program.

This booklet is issued as an aid to your overall understanding of the Master Insurance Program. It is intended to generally describe the features and coverage provided. This program provides uniformity of coverage among the churches in the ABCNJ Regional Insurance Program and broader coverage than may be available on an individual basis for many churches.

**This booklet should never serve as a substitute for the actual policies. All of the terms and conditions of the policy would apply. For a complete understanding of the coverage, you would have to refer to the actual policies which are available upon request.**

The specific coverage included in the program and the relevant limits associated are identified on the following pages. If you do not find a specific coverage listed in this booklet, please contact Sovereign Insurance Group for further clarification. As stated previously, this booklet is not intended to replace the policy. However, it should prove useful in providing a quick reference to coverage and limits. Other coverage not identified may be available or even provided.

### THIS BOOKLET OUTLINES THE FOLLOWING

- Package Insurance – Property, Crime, Equipment Breakdown, General Liability, Employee Benefits Liability, Sexual Abuse & Molestation Liability, Legal Defense, Catastrophic Violence Response, Religious Counseling Liability, Hired & Non-Owned Auto/ Hired Car Physical Damage Liability Insurance
- Directors & Officers Liability and Employment Practices Liability Insurance
- Umbrella Liability Insurance
- Claims Administration
- Loss Control
- Request for Certificate of Insurance, Incident Report, Sample Release Forms

## General Information

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The program provides coverage for property owned by ABCNJ Regional Insurance Program member churches and used for church-related activities. In addition, one and two-family dwellings owned by a local church are included in the program - if their information is provided to Sovereign and Church Mutual and they are listed on your location schedule. Property and General Liability coverage is afforded only to the ABCNJ Regional Insurance Program churches for activities under the direct, complete, and active control of the program church.

The program is not intended to include non-church related properties owned in whole or in part by the ABCNJ. Non-church related properties including but not limited to camps, commercial, manufacturing, mercantile, or industrial buildings, apartment buildings, or residential properties, except one- and two-family dwellings. Specific coverage for properties not eligible under this program is available upon request. Call Sovereign Insurance Group for more information.

## Initial Points of Contact

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Initial point of contact for insurance questions will be your account manager. A listing of the Service Team appears on Page 5 of this booklet.

The following sections outline a few specific events or situations that we need to know about in a timely manner. Please contact us immediately when any of the following occurs:

- When you have knowledge of the actual occurrence of a claim
- When buildings become vacant or unoccupied
- When buildings are sold
- When you acquire new buildings
- Planned new building construction or renovations to existing buildings
- Security/Safety Team formation
- Major acquisitions to contents such as carillon systems, organs, etc.
- Newly formed ministries or childcare programs
- Closure of existing church run childcare programs
- Addition or deletion of vehicles if you participate in the Automobile Insurance Program
- Mission trips both overseas and domestic
- Change in church contact information, mailing address, phone number, e-mail, etc.
- Insurance contact personnel change

**PLEASE DIRECT ALL QUESTIONS RELATED TO THE PROGRAM TO:**

**SOVEREIGN INSURANCE GROUP  
TELEPHONE: 800.222.4478  
E-MAIL: [INFO@SOVINSURANCE.COM](mailto:INFO@SOVINSURANCE.COM)**

## Sovereign Insurance Group Agency Contacts

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920 Cassatt Road  
Suite 100  
Berwyn, PA 19312  
800.222.4478 – *toll free*  
610.535.6810 – *fax*  
info@sovinsurance.com – *email*  
www.sovinsurance.com

CHURCH MUTUAL AFTER-HOURS CLAIMS HOTLINE:

1. Property, Liability, Auto losses at 800.554.2642 option 2

**Note:** To report a claim after hours or in the event of an emergency you will need your policy number, and your CMIC account number. All of this information is available on your Master Certificate of Insurance.

## Account Team

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Sharon Maslowsky – *VP of Operations*  
Tiffany Lupo – *Senior Account Manager*  
Katie Wesemann – *Senior Account Manager*  
Britany Wellbrock – *Account Manager*  
Melissa Dalkiewics – *Account Manager*  
Ashleigh Shannon – *Assistant Account Manager*  
Cammi Luidens – *Assistant Account Manager*  
Emily Suchma – *Assistant Account Manager*  
Sarah Salas – *Assistant Account Manager*  
Kali Simpkins – *Claims Director*  
Jennifer Dunbar – *Accounting Clerk – Agency Billing*

[smaslowsky@sovinsurance.com](mailto:smaslowsky@sovinsurance.com)  
[tlupo@sovinsurance.com](mailto:tlupo@sovinsurance.com)  
[kwesemann@sovinsurance.com](mailto:kwesemann@sovinsurance.com)  
[bwellbrock@sovinsurance.com](mailto:bwellbrock@sovinsurance.com)  
[mdalkiewicz@sovinsurance.com](mailto:mdalkiewicz@sovinsurance.com)  
[ashannon@sovinsurance.com](mailto:ashannon@sovinsurance.com)  
[cluidens@sovinsurance.com](mailto:cluidens@sovinsurance.com)  
[esuchma@sovinsurance.com](mailto:esuchma@sovinsurance.com)  
[ssalas@sovinsurance.com](mailto:ssalas@sovinsurance.com)  
[ksimpkins@sovinsurance.com](mailto:ksimpkins@sovinsurance.com)  
[jdunbar@sovinsurance.com](mailto:jdunbar@sovinsurance.com)

## Items NOT Covered in This Program

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This section does not change the policy forms but is merely meant as an outline to help you identify areas where you may need additional insurance. The following insurance coverage is not included in this program:

- Firearms including armed employee or volunteer security teams
- Regular or preventative maintenance to your property
- Some water damage including seepage
- Wear and tear, decay or deterioration, dry or wet rot
- Builders Risk
- Vacant Buildings
- Fungi, mold, mildew, or lead contamination
- Underground Oil/Fuel Storage Tanks
- Pastors' Personal Insurance, including Automobile
- Property not owned by the church
- Church events not under the direct control and supervision of the church
- For-profit organizations/ministries
- Day care or childcare groups not under the direct, complete, and active control of the local church
- Tombstones
- Parish Nurse Liability
- Earth Movement
- Flood (Only Limited Coverage Provided in Current Program)
- Power Failure
- Mudslide and Seepage
- Normal Wear and Tear
- Foreign Liability and Medical Payments for church events and mission trips outside of the continental United States
- Cyber, Network, and Media Liability (Only Limited Coverage Provided in Current Program)
- Ownership, maintenance or use of any trampolines or similar equipment including but not limited to springboard or rebounding device of any time
- Accidental Death and Dismemberment
- Health Insurance
- Life Insurance
- Disability Insurance
- Workers Compensation
- Pollution, Asbestos & Lead
- Any separately incorporated church owned/controlled subsidiaries, unless they are specifically listed on the policy as "named insured"

**THE ABOVE IS NOT A COMPLETE LIST OF EXCLUSIONS, OTHER EXCLUSIONS MAY APPLY.** Churches are encouraged to contact Sovereign Insurance for assistance in obtaining coverage for any of the above-mentioned categories.



# Summary of Coverage

## General Overview

Policy Effective Dates	12:01 a.m. May 25, 2024 to 12:00 a.m. May 25, 2025	
Package	Policy # 02-750972	<b>Church Mutual Insurance Company, S.I. (CMIC)</b>
Umbrella	Policy # 81-750974	

# Property Coverage

## Coverage Summary

Schedule of Locations	On file with company (see your Covered Locations Schedule)	
Blanket Building & Contents		Per Individual Church
Property Deductible		\$5,000*
Wind/Hail Deductible		Per Certificate Holder*
Water Damage Deductible		Per Certificate Holder*
Property Valuation		Replacement Cost
Covered Perils		Special Form**
Agreed Value Endorsement		Included
Co-Insurance Penalty	Waived – Agreed Value Endorsement	
Equipment Breakdown		Included

Each church has the blanket property limit listed on their Master Certificate available at the time of loss. The insurance company will only pay up to the scheduled limit of insurance for any one covered loss. The valuation of property will be Replacement Cost if the building is replaced or repaired at the same location.

**\*Deductible applies per certificate holder, per claim**

\*\*The Special Causes of Loss form provides coverage for all direct physical losses unless the loss is specifically excluded in the policy. Special Causes of Loss **does not include** losses arising out of damage caused by earth movement, flood, mold, governmental action, nuclear hazard, war and military action, and some water damage. Additionally, there is no coverage in this policy for wear and tear and gradual deterioration of your property. This is not a complete list, there are also other exclusions as stated in the policy.





## Additional Coverage Endorsements

Certified Acts of Terrorism	Included
Business Income & Extra Expense	\$ 500,000
Deductible	72 hours
Period of Indemnity	12 Months from the date of loss
Building Ordinance or Law	\$ 1,000,000
Newly constructed buildings (up to 180 days)	\$1,000,000
Newly acquired buildings and contents (up to 180 days)	\$1,000,000
Personal property of others	\$5,000
Pastor's Professional Property (excess of any other insurance)	\$ 25,000
<i>Homeowner's policies are still needed to accommodate the Pastor's <u>personal</u> insurance needs.</i>	
Valuable papers and records	\$50,000
Property temporarily off-premises (up to 180 days)	\$25,000
Outdoor Property (higher limits available)	\$ 25,000
<i>Coverage for on-premises structures, including maintenance buildings and their contents, statuary, fences, pavilions, light poles, television antennas and satellite dishes</i>	
Tree, Shrub, or Plant Loss	\$ 2,500 per item / \$ 25,000 Max
<i>Limited Perils: Fire, Lightning, Vandalism, Theft, Explosion, Riot Civil Commotion, Vehicle Damage or Aircraft</i>	
Value of dwellings for related structures	10%
Church owned property in the dwelling	5%
Loss of dwelling rental value	10%
Additional living expenses of occupants	10%
Debris removal	\$25% of loss + \$10,000 if necessary
Covered property moved off-premises (up to 30 days) to protect from covered loss	Policy limit
Fire department service charges	\$25,000
Lock repair or replacement if keys are stolen in an insured theft loss	\$500
Refrigerated food spoilage if caused by an off-premises power failure	\$1,000
Arson reward	\$5,000
Pollution cleanup 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, fire suppression recharge due to discharge or leakage caused by a covered loss	Actual cost
Limitation on coverage for Roof Surfacing – Cosmetic Damage	Included
Limitation on coverage for Roof Surfacing – Actual Cash Value	Included





## Crime Coverage

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Dishonesty by Employees, Volunteers and Church Officials Deductible	\$ 100,000 none
Depositors Forgery Deductible	\$ 50,000 none
Money and Securities Deductible	\$ 30,000 \$ 250

## Equipment Breakdown Coverage

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Limit per accident	Per Certificate Holder
Business Interruption/Extra Expense	\$500,000
Coverage Form	Comprehensive
Valuation	Lesser of Repair or Replace
Deductible	\$5,000 per accident

**IF YOUR BOILER NEEDS TO BE INSPECTED CONTACT HARTFORD STEAM BOILER (HSB)** at 800.333.4677 between 8AM and 8PM EST Monday through Friday to set up an appointment. The church is still responsible to pay the state mandated certificate of inspection fee.



# Liability Coverage

## Coverage Summary

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Each Occurrence	\$ 1,000,000
Policy Year Annual Aggregate	\$ 3,000,000
Personal and Advertising Injury	\$ 2,000,000
Products and Completed Operations Aggregate	\$ 2,000,000
Fire Damage Liability-Per Fire	\$ 1,000,000
Medical Payments per Person Limit*	\$ 10,000
Cemetery Liability	Included
Certified Acts of Terrorism	Included
Communicable Disease	Excluded
Limits Apply Per Certificate Holder	

Medical Payments will pay up to a stated limit of medical expenses for someone injured on your property, without regard to whether the church is alleged to be liable. Medical Payments Coverage is included for Camps, Church-sponsored Athletic Events, scheduled Schools and Daycares. **Coverage is on an excess basis for Camps, Schools and Daycares.** Coverage is excluded for trips/activities outside of the continental US, other exclusions/limitations may also apply.

If you have any of the aforementioned activities, please contact Sovereign for an Accident Policy quotation.



## Specialty Liability Coverage

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Counseling Professional Liability*	\$ 1,000,000/\$ 3,000,000
Employee Benefits – Claims Made	\$ 1,000,000/\$ 3,000,000
Deductible	\$ 1,000
Retroactive Date	6/1/2003
Hired & Nonowned Auto Liability**	\$ 1,000,000/\$ 3,000,000
Hired Car Physical Damage (Symbol 8) Occurrence Limit	\$ 250,000
Physical Damage Per Occurrence Deductible	\$ 250
Medical Expense	\$ 10,000 /\$ 25,000
Legal Defense Coverage	\$ 10,000/\$ 30,000
Deductible	\$ 250
Catastrophic Violence Response – Per Person / Each Event & Annual Aggregate	\$ 50,000/\$ 300,000

\*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 (coverage is excluded for psychologists, psychiatrists, or clinical social workers).

\*\*Coverage is excess of any other collectible insurance. While this coverage does offer some physical damage protection, we recommend that the church always purchase the physical damage coverage offered by the automobile leasing companies. The vehicle must be rented in the church's name.

# Sexual Abuse & Misconduct Liability

## Coverage Summary

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Sexual Abuse & Misconduct Liability	\$ 1,000,000/\$ 1,000,000
Sexual Misconduct Medical Expense	\$ 10,000/\$ 50,000

Access to online training, resources and background checks is available through MinistrySafe.

\*In order to maintain this limit your church must:

- Conduct pre-employment background checks on all employees.
- Offer a Sexual Misconduct Training Program.
- Conduct background checks and provide a Sexual Misconduct training program for all volunteers who work with minors.
- Have a formal written policy that includes procedures designed to prevent acts of sexual misconduct and how to report an incident. Copies are to be distributed to all employees and volunteers.
- Please review guidelines and amend if necessary.

Please note that in the event of a suspected claim involving sexual abuse, it is the church's responsibility to provide **timely reporting**. Notice must be given to Sovereign Insurance Group within 30 days of **any circumstance** which is likely to result in a claim or suit alleging sexual abuse. If a claim or suit is brought against any insured, you must notify Sovereign immediately. It is important that the church does not attempt to settle or resolve the matter without the consent of the insurance company. Failure to properly notify the insurance company will put the church at risk of voiding their coverage.



# Management Liability

## Directors & Officers Liability

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Occurrence Limit	\$ 5,000,000
Annual Aggregate Limit	\$ 5,000,000
Coverage Form	Claims Made
Per claim retention	\$ 1,000
Retroactive Date	6/1/2003
Defense Costs	In addition to the limit of liability

## Affiliated Entity Dispute Legal Defense Coverage

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Occurrence Limit	\$ 25,000
Aggregate Limit	\$ 50,000
Coverage Form	Claims Made
Per claim retention	\$ 0
Retroactive Date	Varies Based Upon Date the Church Joined the Program

These limits are part of, and not in addition to, the directors, officers and trustees aggregate limit, this coverage is for defense expense only. Examples of affiliated entity dispute include, but are not limited to, claims against you by an associated or related organization that involves property ownership disputes, control over business affairs, and the appointment or election of directors, officers, trustees, or other positions.

## Employment Practices Liability

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Occurrence Limit	\$ 1,000,000
Aggregate Limit	\$ 1,000,000
Coverage Form	Claims Made
Per claim retention	\$ 5,000
Retroactive Date	6/1/2003
Defense Costs	In addition to the limit of liability

# Umbrella Liability

## Coverage Summary

Shared Aggregate Limit	\$ 10,000,000
Retained Limit	\$ 10,000

## Underlying Coverage

General Liability	Church Mutual	Included
Business Auto Liability*	Church Mutual	Included
Hired & Nonowned Auto Liability	Church Mutual	Included
Religious Counseling Liability	Church Mutual	Included
Employers Liability**	Varies	Included

\*Only if coverage is provided through a Church Mutual business auto policy as part of the Insurance Program.

**\*\*Note that if your church has a Workers Compensation policy placed through another broker or carrier, be sure to provide Sovereign Insurance Group with the appropriate underlying information of carrier, limits, effective dates and we can add to the master policy. Please note that the minimum limits acceptable are \$500,000/\$500,000/\$500,000 for Employers Liability and additional information may be needed for underwriting purposes. The carrier must be AM Best A-, Size VII or better to be considered acceptable. Coverage is NOT automatically included, unless specifically approved coverage is excluded. If Sovereign does not have the policy scheduled, no coverage will be afforded.**

## Notable Exclusions\*

Sexual Harassment, Sexual Misconduct/Molestation, Property Damage Legal Liability - Rented Premises, Directors & Officers, Employment Practices Liability, Employee Benefits, Cyber Liability, Cyber Liability and Data Breach Response, Lead, Asbestos Liability, Fungi/Mold, Non-Certified Acts of Terrorism, and ERISA.

\*For a full list of exclusion please refer to policy forms.

## Customer Service

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Your initial point of contact for all claims or general questions is Sovereign Insurance Group. We encourage you to contact us with any questions, comments or concerns.

## Claims Administration

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Church Mutual Insurance Company, through its Claims Administrators, will make all determinations concerning coverage and payment of claims, pursuant to the policy terms and conditions. You should report all claims as soon as you become aware of a potential loss. Please contact Sovereign in the event that you must file a claim.

For all claims (except Workers Compensation) please contact Sovereign Insurance Group at our office:  
Sovereign Telephone: 610.535.6800  
Sovereign Facsimile: 610.535.6810

## Claims Information

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When a claim occurs, please do not attempt to discern coverage. Filing a claim in and of itself does not adversely affect your loss history. Please let the insurance company determine what is or is not covered.

When filing a claim, you will be expected to know the exact date of the damage or loss, a brief description of the loss, and to provide a contact name for the company claims adjuster to meet with at the church. Always take any precautionary steps that may reduce the chance of further loss. For example, you might purchase plywood to cover a broken window or a hole in the roof to prevent further water damage.

Company response to a claim is normally handled within 72 hours. Large damage suits or fires will of course be given high priority.

**If an Emergency occurs after hours or on the weekend, please call Church Mutual:**

- **Property, Liability, Auto losses at 800.554.2642 option 2**

To report a claim after hours or in the event of an emergency you will need your policy number and your CMIC account number. All of this information is available on your Master Certificate of Insurance.



## Certificate Of Insurance

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Sovereign will provide Certificates of Insurance as proof of coverage to a mortgagee, loss payee, or other entity. You should request certificates of insurance from Sovereign annually.

If you require a Certificate of Insurance, please provide (additional information may be required):

- 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
- For your convenience we have included a Certificate of Insurance Request Form, found in Appendix A, please use this form to expedite your request

Some of the reasons you may obtain a Certificate of Insurance from a third party are:

- **Using the Church** - Anyone using the church premises or properties must provide a Certificate of Insurance with evidence of General Liability and Workers' Compensation Insurance. The Certificate must name the church as an Additional Insured.
- **Vehicles** - Request a certificate from the owner of a vehicle that is used for church purposes. The certificate will provide evidence of proper Automobile Liability Insurance. Sovereign can provide guidelines for minimum acceptable limits.
- **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 and naming the church as an Additional Insured.

The practice of obtaining Certificates of Insurance will assist to shield the church from claims arising from the activities of third parties, which should be funded through their own insurance. If persons or organizations do not have insurance protection to protect them from claims arising out of their activities, the church may be called upon to fund their liability exposures.

The Certificate of Insurance should indicate proper insurance coverage, limits, name of the insurance company, policy number, effective dates of coverage, and name the church as an Additional Insured. 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.



## Sample Hold Harmless Agreement

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We recommend that you call Sovereign Insurance Group to discuss the exposure associated with outside groups using the church or its property. If the group does have insurance, you should have them name the church as an “Additional Insured” on that policy and provide you with a copy of the Certificate of Insurance.

If the group does not have its own coverage and the church allows the group to use their facilities, we advise that you have them sign an agreement that outlines the mutual understanding that the church’s policy is not providing the liability incurred by the outside group or organization. A sample of a hold harmless agreement is detailed below. Please have your legal counsel review this agreement.

### HOLD HARMLESS/INDEMNIFICATION AGREEMENT

This agreement between

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(“Church”) \_\_\_\_\_

and

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(“Occupant”) \_\_\_\_\_

entered into this date \_\_\_\_\_ for use of premises located at

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(“Premises”) \_\_\_\_\_

In consideration of the use of the Premises by Occupant, Occupant agrees to save, indemnify, defend and hold harmless Church from and against any and all claims, expenses, costs including, but not limited to, attorney fees, liabilities and damages (collectively “Claims”) which result in bodily injury or property damage as a result of acts or omissions of Occupant, its employees, volunteers, participants, agents, invitees or anyone associated with Occupant at the Premises.

Furthermore, Occupant understands that it’s Occupant’s responsibility to obtain insurance for any Claims that arise by its use and/or activities of Occupant at the Premises and not the responsibility of Church. It is recommended that Occupant obtain separate insurance to adequately insure potential Claims for Occupant’s intended use or activities at the Premises. The Occupant agrees to abide by all federal, state and local laws, ordinances and regulations relating to the Premises and Occupant will save, indemnify and hold harmless Church for any breach by Occupant of such laws, ordinances and/or regulations.

Signed \_\_\_\_\_  
(Church Representative) (Occupant Representative)

\_\_\_\_\_  
(Print Name of Church Representative & Title) (Print Name of Occupant Representative & Title)

## Loss Control

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*Church Mutual Insurance Company provides extensive risk management and loss control services to all customers FREE of charge. Training, sample documents, and additional information can be found on their website at [www.churchmutual.com](http://www.churchmutual.com).*

The most effective way to control the future costs of insurance is to prevent or reduce losses. We recommend that each church assign an individual or committee to review loss control issues on an annual and ongoing basis. Responsibilities would include regular inspections of the premises with a written report of any deficiencies or recommendations. If the items noted are of a significant nature, the insurance company should be notified of the work to be done, or the action plan to resolve the problem. The insurance companies will provide Loss Control experts that will assist you and provide feedback and direction if requested. We recommend utilizing their knowledge and skills.

## Real Property Valuation

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It is important for the church to establish specific details and cost of all property at the time of a loss. The church should have thorough documentation, and specifically a professional insurance replacement cost appraisal, which definitively outlines the replacement cost of all property.

It is the local church's responsibility to ensure that the building and contents limit of insurance are sufficient to cover your owned properties. The Trustees recommend church obtain a new replacement cost valuation at least every five (5) years or when any major renovations or additions to church property have been completed. Any appraisals of the property are done at the expense of the church. All records and appraisal documentation should be stored off-premises for safekeeping.

## Verification Of Your Personal Property

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- 1. Business Personal Property** - If possible, the church should videotape all furniture, movable fixtures, equipment, and supplies. A written log should describe the items, provide the quantity, the cost, and list the present-day values. We recommend storing the tape and the written lists off premises.
- 2. Valuable Objects** - The church should maintain a separate list of all valuable objects such as paintings, communion vessels, crosses, statuary, stained glass windows, vestments, and other special items, which have either historical or intrinsic value. Videotaping is recommended. Items which have intrinsic value, such as works of art or antiquities, should be appraised every 5 years.

## Sensor Technology



### Don't let water disrupt your organization ever again

Every year, thousands of Church Mutual customers experience damage and disruption from water due to weather or mechanical failures. The CM Sensor® program can provide peace of mind and help prevent these types of losses.

#### EXPERIENCE PEACE OF MIND

Act now to get your 24/7 temperature and water alert sensor system!

- The sensors **ALERT** you via text message or email when cold temperatures or water are detected.
- Installation is **EASY** with simple hand tools; no experience is necessary.
- **NO-COST** monitoring and alerts when you install and activate the sensors.

## Sexual Abuse & Prevention Training



MinistrySafe was created by legal professionals who are sexual abuse experts. After decades of litigating sexual abuse cases, Gregory Love and Kimberlee Norris founded MinistrySafe to help ministries meet legal standards of care and reduce the risk of sexual abuse by creating preventative measures tailored to fit the needs of churches, camps and ministry programs.

### The MinistrySafe 5-Part Safety System



Awareness  
Training



Skillful Screening  
Process



Policies and  
Procedures



Background  
Checks



Monitoring and  
Oversight

## Active Shooter Preparedness Training

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### **#1 Active Shooter Preparedness Solutions for All Organizations**

Violence can happen anywhere. Houses of worship, schools, camps, senior living facilities, and any other organization serving the greater good has the potential to be threatened by an act of violence. Are you and your organization prepared to take action and save lives?

The ALICE Training Institute is a leading active shooter training organization, and is Church Mutual's recommended source for the information you need to protect your people. Church Mutual is proud to partner with ALICE Training Institute to help your organization act in the face of violence and save lives.

### **A**LERT | **L**OCKDOWN | **I**NFORM | **C**OUNTER | **E**VACUATE

Through preparation and planning, individuals and organizations are empowered to more proactively handle the threat of an aggressive intruder or active shooter event. ALICE Training option based tactics have become the accepted response over traditional "lockdown only" approaches. ALICE will help you to:

- **Maximize Survival** of congregants, students, residents, visitors, staff, volunteers and leadership
- **Provide Accountability** by documenting completed training and preparation
- **Reduce Liability** by aligning with state and federal standards of care for violent intruder events and helping to fulfil your duty to protect your people from danger



# APPENDIX A

Neither Church Mutual, Sovereign Insurance Group, nor the attorneys who developed the enclosed forms warrant that they are appropriate for use by your organization. The forms are samples and may not be appropriate to the specific needs of your organization. Usage of such forms is not a substitute for good practice, supervision and diligent oversight and control.

Please read the disclaimer on each form. We strongly recommend that you have a local attorney review the forms before use to make certain that the forms are correct and current under the laws of your jurisdiction, and the form meets your specific needs.

# Request for Certificate of Insurance

Certificates are generally issued within 24 hours of request, but if additional underwriting information is needed this timing does change to 24 hours **after** underwriting approval. Also, certificates can be requested on our Online Portal. If you do not have a username and password email [info@sovinsurance.com](mailto:info@sovinsurance.com) to obtain an account.

**POLICY HOLDER'S NAME & ADDRESS:**

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**NAME & ADDRESS OF CERTIFICATE HOLDER:**

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- 1) Name of Event: \_\_\_\_\_
- 2) Where is the event held (may not be the same as the certificate holder)? \_\_\_\_\_
- 3) Date(s) of Event: \_\_\_\_\_
- 4) Time(s) of Event: \_\_\_\_\_
- 5) Approximate Number of People: \_\_\_\_\_ Age Range: \_\_\_\_\_
- 6) Nature of Event (detailed description of all activities): \_\_\_\_\_
- 7) Will waivers be signed by all attendees (may be required by the Ins Co)? \_\_\_\_\_
- 8) Does the organization have their own insurance? \_\_\_\_\_
- 9) Are all attendees members of the religious institution? If not, need estimate of each: \_\_\_\_\_
- 10) Does the holder want to be listed as an additional insured? If yes, see below. \_\_\_\_\_

**ADDITIONAL INSURED:**            **Yes** \_\_\_\_\_            **No** \_\_\_\_\_

*NOTE:* Depending on the type of event and the activities, underwriting could have more questions and there may be an additional premium charge. If the requesting organization needs special wording on the certificate, IT MUST BE APPROVED by the insurance company. Please list any special wording requested: \_\_\_\_\_

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**OVERNIGHT RETREATS ONLY:**

- 1) Is it co-ed? \_\_\_\_\_
- 2) What are the age groups? \_\_\_\_\_
- 3) What are the sleeping arrangements? \_\_\_\_\_
- 4) What is the chaperone/leader ratio? \_\_\_\_\_
- 5) Are background checks made on all chaperones/leaders/volunteers? \_\_\_\_\_

**SEND REQUESTS TO:**

*email* [info@sovinsurance.com](mailto:info@sovinsurance.com)  
*fax* 610 535 6810



*Market Knowledge Matters*



## REPORT INSTRUCTIONS

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1. This report is **NOT** to be used to file a Workers Compensation, Automobile, or Property claim. If you need to report any of those incidents contact Sovereign Insurance immediately.
2. Complete all applicable fields as soon as the church becomes aware an incident has occurred. Attach additional sheets if necessary.
3. Keep a copy of this report on file at the church and send a copy to Sovereign Insurance as soon as possible. Also include all supporting documentation (medical bills, letters, etc.) if they are available at the time you become aware of the incident.
4. This report is only to be used for accidents that occur on or off church property as a result of the church's owned and controlled groups or events.
5. **This report is for recording purposes only, the completion and submission of this form is not an admission of liability/guilt or guarantee of coverage.**
6. Any questions please contact Sovereign Insurance at:

*phone 800.222.4478 fax 610.535.6810*



Date Report Completed: \_\_\_\_\_

Church Name: \_\_\_\_\_

**Incident Information:**

Address Where Incident Occurred: \_\_\_\_\_

Building: \_\_\_\_\_ Date & Time: \_\_\_\_\_

Name of Person(s) Involved or Injured (include parent/guardian if they are a minor): \_\_\_\_\_

\_\_\_\_\_

Injured Person's Age: \_\_\_\_\_ Injured Person's Sex:  Male  Female

Injured Person's Address: \_\_\_\_\_

Injured Person's Phone Number: \_\_\_\_\_

What were the conditions like at the time of the injury (i.e. wet floor, raining, snow/ice buildup)\*: \_\_\_\_\_

\_\_\_\_\_

*\*if you have any pictures showing the conditions that existed at the time of the incident occurred please include them with this report*

If hazardous conditions did exist were there any signs or warnings alerting people to the adverse conditions, such as a wet floor sign?  Yes  No

If yes describe what was posted/displayed: \_\_\_\_\_

What was injured person doing, how did the accident occur, & what injuries were sustained? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Witnesses Name & Phone Number: \_\_\_\_\_



Report Completed By: \_\_\_\_\_

Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_

Do you want to submit a claim to your insurance carrier for this incident, or do you want this report to be kept on file for record purposes only (no claim to the carrier will be reported)?  File a Claim  Record Purposes Only

***Church Contact (if the same as reporter please leave blank):***

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

Phone Number(s): \_\_\_\_\_

E-mail: \_\_\_\_\_

**THIS REPORT IS NOT AN ADMISSION OF LIABILITY OR GUILT AND IS NOT A GUARANTEE OF COVERAGE**

# RELEASE, WAIVER, AND INDEMNITY AGREEMENT

IT IS THE INTENTION OF (PARENT OR GUARDIAN OF MINOR) BY THIS AGREEMENT TO EXEMPT AND RELIEVE (NAME OF ORGANIZATION) AND ITS OFFICERS, AGENTS, SERVANTS, OR EMPLOYEES FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH OF (NAME OF MINOR) CAUSED BY ANY ACT OF NEGLIGENCE OF (NAME OF ORGANIZATION) AND ITS OFFICERS, AGENTS, SERVANTS, OR EMPLOYEES.

For and in consideration of permitting (NAME OF MINOR) to observe, or use any facility or equipment of (NAME OF ORGANIZATION), or engage in and/or receive instruction in any activity or activity incidental thereto **SOME OF WHICH MAY INVOLVE DANGERS AND RISK OF BODILY INJURY** at: (NAME OF ORGANIZATION) in the city of \_\_\_\_\_, County of \_\_\_\_\_, and State of \_\_\_\_\_, beginning on the day of \_\_\_\_\_, the undersigned parent and/or guardian of (NAME OF MINOR): **hereby voluntarily and absolutely releases, discharges, waives, and relinquishes any and all loss or damages or actions or causes of action for personal injury, property damage, or wrongful death occurring to (NAME OF MINOR) as a result of (NAME OF MINOR)'s observing or using facilities or equipment of (NAME OF ORGANIZATION), or engaging in or receiving instructions in any activities **SOME OF WHICH MAY INVOLVE DANGERS AND RISK OF BODILY INJURY** or in activities incidental thereto wherever or however the same may occur, and for whatever period said activities or instructions may continue.**

The undersigned parent or guardian of (NAME OF MINOR) for him/herself, his/her heirs, executors, administrators, or assigns agrees that in the event any claim for personal injury, property damage, or wrongful death shall be prosecuted against (NAME OF ORGANIZATION) or its officers, agents, servants, or employees, the undersigned parent or guardian **will indemnify and hold harmless (NAME OF ORGANIZATION) and its officers, agents, servants, or employees** from any and all

claims or causes of action by (NAME OF MINOR) or by any other person or entity, by whomever or wherever made or presented, and **under no circumstances will the undersigned parent or guardian of (NAME OF MINOR) present any claim against (NAME OF ORGANIZATION) and said persons for personal injuries, property damage, wrongful death, or otherwise, caused by any act of negligence by (NAME OF ORGANIZATION) and said persons.**

**The undersigned parent or guardian represent that he/she has read this Release, has requested and has been provided with, or has requested and declined advisement on the potential dangers/risks of engaging in the observation, activities, or instruction offered, **assumes all risks associated with such dangers and risks**, and is fully aware of and understands the terms and the legal consequences of the signing of this Release. The undersigned parent or legal guardian intends his or her signature to be a complete and unconditional release of all liability to the greatest extent allowed by law and if any portion of the Release is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.**

DATED: \_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN FOR (NAME OF MINOR):

\_\_\_\_\_

THIS RELEASE WAS RESEARCHED AND DRAFTED BY THE LAW FIRM OF:

MCKAY BYRNE & GRAHAM  
3250 WILSHIRE BLVD STE 603  
LOS ANGELES CA 90010-1578  
(213) 386-6900  
jmckay@mbglaw.com

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# PARENT/GUARDIAN CONSENT FORM

Child's Name (Last)	(First)	(Middle)	
Address	City	State	ZIP Code
Name of Facility (Camp/Church/School)			
Address	City	State	ZIP Code
Dates of Attendance			

As the parent or legal guardian of my child, \_\_\_\_\_, I hereby consent for my child to attend and participate in all activities provided as described above.

Print Name	
Signature	Date

## ADDITIONAL INFORMATION:

Exclude from following Activities:
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CHURCH MUTUAL INSURANCE COMPANY AND HERMES SARGENT BATES WISH TO POINT OUT THAT NO WARRANTY ATTACHES TO THESE DOCUMENTS, AND IN FACT , THESE DOCUMENTS MAY NOT BE APPROPRIATE FOR THE SPECIFIC NEEDS OF A PARTICULAR ENTITY. THESE DOCUMENTS ARE NOT A SUBSTITUTE FOR GOOD PRACTICE, PROPER SUPERVISION, AND DILIGENT OVERSIGHT AND CONTROL. THERE IS NO GUARANTEE THAT THESE DOCUMENTS WILL PROTECT ANY FACILITY THAT CHOOSES TO USE THEM. BEFORE USING THESE DOCUMENTS OR ANY SIMILAR DOCUMENTS, YOU SHOULD CONSULT WITH YOUR OWN ATTORNEY TO MAKE CERTAIN THAT THE DOCUMENT YOU EVENTUALLY USE IS CORRECT AND CURRENT UNDER THE LAW OF YOUR PARTICULAR JURISDICTION AND THAT THE DOCUMENT MEETS YOUR NEEDS FOR YOUR PARTICULAR SITUATION.

## Indemnity and Release Form

I, the undersigned, wish to voluntarily participate in the \_\_\_\_\_ (activity).

In consideration for being permitted to participate in the \_\_\_\_\_ (activity), in the city of \_\_\_\_\_, the state of \_\_\_\_\_, and country of \_\_\_\_\_, beginning the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I, the undersigned, fully recognizing the dangers and hazards inherent in the \_\_\_\_\_ (activity), and any related transportation, including personal injury, property damage, or wrongful death, as well as the unknown dangers and hazards which may arise in the course of my participation in the \_\_\_\_\_ (activity), do hereby voluntarily:

Agree, for myself, my heirs and my personal representative, to defend, hold harmless, indemnify, release and forever discharge, to the broadest extent allowed by law, \_\_\_\_\_ (organization), its trustees, officers, employees, agents, insurers, successors, assigns, from and against any and all claims, demands, actions, or causes of action on account of any damage to real or personal property or any personal injury or death that may result from my participation in the above \_\_\_\_\_ (activity).

I have read this release, I understand it fully, I understand that it is legally binding, and I understand that, among other things, I am agreeing to indemnify \_\_\_\_\_ (organization), for injuries, damages or losses I may cause and giving up rights to sue \_\_\_\_\_ (organization) for injuries, damages or losses I may incur.

\_\_\_\_\_  
Printed Name (Participant)

\_\_\_\_\_  
Signature of Participant

THIS RELEASE WAS RESEARCHED AND DRAFTED BY THE LAW FIRM OF:

MERSEREAU SHANNON LLP  
ONE SW COLUMBIA STREET, SUITE 1600  
PORTLAND, OR 97258  
(503) 226-6400  
[kvickers@mershanlaw.com](mailto:kvickers@mershanlaw.com)

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1. Your **Invoice**
2. Your **Account Number**
3. Your **ZIP Code**

Just go to [www.sovinsurance.com](http://www.sovinsurance.com) and click on the **Online Bill Pay** logo or go directly to <https://sovinsurance.epaypolicy.com/>

Can’t find your Account Number or your organizations ZIP Code? Check your invoice...



**INVOICE**

Customer	ZDUMMY
Acct #	2345
Date	12/19/2019
Customer Service	<<Account Manager>>
Page	1 of 1

Payment Information	
Invoice Summary	\$ xxx.xx
Payment Amount	
Payment for:	Invoice#282512
ABTESTING	

Thank You

Please detach and return with payment

Don’t have an invoice? Email [info@sovinsurance.com](mailto:info@sovinsurance.com) and we can have one sent directly to you via email.

# Online Bill Pay – “ePay from anywhere”

## Online Bill Payer – Instructions

1. Go to [www.sovinsurance.com](http://www.sovinsurance.com) and click on the **Online Bill Pay** logo or go directly to <https://sovinsurance.epaypolicy.com/> - **you do not need to sign in or sign up to use**
2. Enter Your Name and Your Email Address
3. Do you have an account number? – Click Yes
4. Enter Account Number and ZIP Code
5. Your open Sovereign Insurance Group invoices will populate

ACCOUNT NUMBER

ZIP CODE

### INVOICES

Displaying invoices for ZDUMMY

Invoice	Name	Due Date	Amount	+ Add All
✓ 282512	ZDUMMY	12/19/2019	\$110.00	+ Add
Not Invoiced	Click "Add" to manually input the amount		\$0.00	+ Add

6. Click “+ Add” to include invoices to pay
7. Complete remaining online fields to make an ACH or Credit Card payment
8. Click send!

**You are done and have made your payment!**

