

Inventory of Contents and Personal Property
 Performed _____

| Building Number | Address City/State/ZIP | Use of Building | Insurable Item | Square Feet | Inventory Number | Original Cost | Replacement Cost |
|-----------------|------------------------|-----------------|----------------|-------------|------------------|---------------|------------------|
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Property Exposure Schedule
 Performed _____

Name of Church: _____

| | |
|--|--|
| General Information: | |
| Building Number | |
| Street Address | |
| City | |
| State | |
| County | |
| ZIP Code | |
| Earthquake Zone | |
| Flood Zone | |
| Policy Limit Information: | |
| Building Value | |
| Contents Value | |
| Business Interruption and Extra Expense Coverage | |
| Total Values | |
| Building Information: | |
| Construction of Building | <input type="checkbox"/> Masonry <input type="checkbox"/> Steel <input type="checkbox"/> Metal <input type="checkbox"/> Non Combustible <input type="checkbox"/> Frame <input type="checkbox"/> Brick <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Glass <input type="checkbox"/> Other <input type="checkbox"/> Steel Concrete <input type="checkbox"/> Modified Fire Resistive |
| Year Built | |
| Occupancy/Use of Building | <input type="checkbox"/> Church <input type="checkbox"/> Bookstore/Library <input type="checkbox"/> Maintenance <input type="checkbox"/> Classroom <input type="checkbox"/> Storage <input type="checkbox"/> Other <input type="checkbox"/> Sports <input type="checkbox"/> Recreational |
| Occupied Square Feet | |
| Type of Electrical Wiring | |
| Construction of Roof | |
| Number of Stories | |
| Sprinkler System? | YES _____ NO _____ |
| Smoke Alarms? | YES _____ NO _____ |
| Type of Protection Systems? | |
| Distance to Nearest Fire Hydrant or Water Source | |
| Liability Information: | |
| Number of Employees | |
| Number of Students | |
| Number of Patients | |
| Number of Daycare Children | |

■ Does the church own any vacant land? (Please provide address or legal description, number of acres and use of described property) _____

■ Additional liability exposures (cemeteries, swimming pool, nearby lakes, advertising, etc.): _____

■ Name and address of Certificate Holder/Additional Insured/Mortgagee/Loss Payee: _____

Automobile Inventory/Exposure Schedule

| PRM# | Year | Make | Model | VIN# | Garage Address | Garage City | State | ZIP | Cost New | License # |
|------|------|------|-------|------|----------------|-------------|-------|-----|----------|-----------|
| 1 | | | | | | | | | | |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |
| 4 | | | | | | | | | | |
| 5 | | | | | | | | | | |
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Business Interruption/Extra Expenses Worksheet

■ List the organization's monthly income:

| | | | |
|----------|----------|-----------|----------|
| January | \$ _____ | July | \$ _____ |
| February | \$ _____ | August | \$ _____ |
| March | \$ _____ | September | \$ _____ |
| April | \$ _____ | October | \$ _____ |
| May | \$ _____ | November | \$ _____ |
| June | \$ _____ | December | \$ _____ |

Total of all Months \$ _____

■ List the organization's monthly payroll:

| | | | |
|----------|----------|-----------|----------|
| January | \$ _____ | July | \$ _____ |
| February | \$ _____ | August | \$ _____ |
| March | \$ _____ | September | \$ _____ |
| April | \$ _____ | October | \$ _____ |
| May | \$ _____ | November | \$ _____ |
| June | \$ _____ | December | \$ _____ |

Total of all Months \$ _____

■ List the organization's monthly regular/fixed expenses:

| | | | |
|-------|----------|-------|----------|
| _____ | \$ _____ | _____ | \$ _____ |
| _____ | \$ _____ | _____ | \$ _____ |
| _____ | \$ _____ | _____ | \$ _____ |
| _____ | \$ _____ | _____ | \$ _____ |
| _____ | \$ _____ | _____ | \$ _____ |
| _____ | \$ _____ | _____ | \$ _____ |

Total of all Months \$ _____

■ If a catastrophic loss occurs, does the church plan to continue operations during the restoration period? ____ If yes, then list the extra expenses that would be incurred to maintain operations during the rebuilding/repair period:

| | | | |
|-------|----------|-------|----------|
| _____ | \$ _____ | _____ | \$ _____ |
| _____ | \$ _____ | _____ | \$ _____ |
| _____ | \$ _____ | _____ | \$ _____ |
| _____ | \$ _____ | _____ | \$ _____ |
| _____ | \$ _____ | _____ | \$ _____ |
| _____ | \$ _____ | _____ | \$ _____ |

Total of all Months \$ _____

■ If the church does not elect to continue operations during the rebuilding/repair period, then what expense would continue despite the loss of revenue?

| | | | |
|-------|----------|-------|----------|
| _____ | \$ _____ | _____ | \$ _____ |
| _____ | \$ _____ | _____ | \$ _____ |
| _____ | \$ _____ | _____ | \$ _____ |
| _____ | \$ _____ | _____ | \$ _____ |
| _____ | \$ _____ | _____ | \$ _____ |
| _____ | \$ _____ | _____ | \$ _____ |

Total of all Months \$ _____

Complete this worksheet and provide a copy to the church agent/broker in order to determine the appropriate Business Interruption/Extra Expenses policy limit.

26.670:

Insurance Policy Checklists

All new and renewed insurance policies that have been delivered by the agent/broker should be read and reviewed to determine their accuracy and gain a true understanding of the church’s insurance coverage. Even though the agent/broker provides this service, it is a wise practice to perform an independent review to ensure that all of the church’s exposures have been addressed.

The checklists included in this manual can be used as a reminder to help establish the correct coverage and endorsements during the policy review process. These checklists are concise and do not go into detailed coverage explanations. They should be used as a reminder to trigger the thought processes.

| General Checklist Questions: Applies To All Policies | Yes | No |
|--|------------|-----------|
| Name of Insured: Is it the full legal name? | | |
| Name of Insured: Is it complete and correct? | | |
| Are all Named Insureds listed on policy? | | |
| Address(es) and Location(s): Are they complete and correct? | | |
| Amounts of insurance and limits: Are they correct based on values and exposures? | | |
| Are inception and expiration dates correct? | | |
| Does the policy require a retroactive date? Is it correct? | | |
| Are there any additional interests to be included such as mortgagees or loss payees? | | |
| Are rates, classifications and premiums correct? | | |
| Do leases and contracts affect the insurance requirements? | | |
| Has financial stability of the insurance company been reviewed? | | |
| Are the claims payment practices of the insurance company known? | | |
| Did the agent/broker make coverage comparisons of the leading markets, as well as price comparisons? | | |
| Do cancellation clauses provide at least a 60-day Notice of Cancellation? | | |
| Are territorial limitations identified? | | |

Notes/Comments/Questions to ask:

Property

| ■ Property Checklist Questions | Yes | No |
|---|-----|----|
| Check policy against list of locations. Are locations correct? Is construction type correct? Is occupancy description correct? | | |
| Is policy written on a "Special Cause of Loss" ALL RISKS form? | | |
| Does policy provide Replacement Cost with Agreed Amount coverage? | | |
| Does policy provide Blanket coverage? | | |
| Check values listed in policy. Are they correct? Are any subject to co-insurance? | | |
| Does policy provide coverage for: | | |
| Business Interruption/Extra Expense? | | |
| Earthquake? Are limits sufficient? If not, is a Difference In Conditions policy needed? | | |
| Flood? Are limits sufficient? If not, is a Difference In Conditions policy needed? | | |
| New construction or major renovation (if needed)? | | |
| Building ordinance? | | |
| Signs, fences, antennas, satellite dishes? | | |
| Trees, shrubs and plants? | | |
| Fire department charge? | | |
| Lock replacement? | | |
| Back up of sewers and drains? | | |
| Debris removal? | | |
| Valuable papers? | | |
| Fine arts? Is a separate Inland Marine policy needed? | | |
| Watercraft? | | |
| Property of others? Property of clergy? | | |
| Property away from premises? | | |
| Building foundations and underground structures? | | |
| Are there limitations for glass breakage? If so, have policy changed for unlimited loss. | | |

Notes/Comments/Questions to ask:

Boiler and Machinery

| ■ Boiler and Machinery Checklist Questions | Yes | No |
|---|-----|----|
| Check policy against list of locations. Are locations correct? Is construction type correct? Is occupancy description correct? | | |
| Is policy written on a "Special Cause of Loss" ALL RISKS comprehensive form? | | |
| Does policy provide replacement cost with agreed amount coverage? | | |
| Does policy provide blanket coverage? | | |
| Check values listed in policy. Are they correct? Are any subject to co-insurance? | | |
| Does policy provide coverage for: Consequential damage? Hazardous substance? Off-premise power interruption? Explosion? Business interruption/extra expense? | | |
| Are all mandatory inspections/certifications current? | | |
| Is water damage from insured piping limited? If so, make sure limits are sufficient. | | |

Notes/Comments/Questions to ask:

Inland Marine

| ■ Inland Marine Checklist Questions | Yes | No |
|---|-----|----|
| Check policy against list of locations. | | |
| Is policy written on a "Special Cause of Loss" ALL RISKS form? | | |
| Does policy provide Replacement Cost with Agreed Amount coverage? | | |
| Does policy provide blanket coverage? | | |
| Check values listed in policy. Are they correct? Are any subject to co-insurance? | | |
| Does policy provide coverage for: | | |
| Elimination of monthly reporting forms? | | |
| Regular transportation of goods? | | |
| Interest for F.O.B. shipments? | | |
| Coast to coast shipments? | | |
| Earthquake? | | |
| Are limits sufficient? If not, is a Difference In Conditions policy needed? | | |
| Flood? | | |
| Are limits sufficient? If not, is a Difference In Conditions policy needed? | | |
| Legal liability for property of others? | | |
| Loading/unloading at terminals? | | |
| Newly acquired property for 60 days? | | |
| Breakage? | | |
| Loss to pairs or sets provided? | | |
| Fine arts, musical instruments, cameras, projection equipment, signs? | | |
| Accounts receivable? | | |
| Builders risk, including foundations and underground structures? | | |

Notes/Comments/Questions to ask:

Business Interruption/Extra Expense

| ■ Business Interruption/Extra Expense Checklist Questions | Yes | No |
|---|-----|----|
| Check policy against list of locations. Are locations correct? Is construction type correct? Is occupancy description correct? | | |
| Is policy written on a "Special Cause of Loss" ALL RISKS form? | | |
| Does policy provide blanket coverage? | | |
| Check values listed in policy. Are they correct? Are any subject to co-insurance? | | |
| Does policy provide coverage for: | | |
| Leasehold interest? | | |
| Ordinary payroll? | | |
| For how long? _____ days (365 days is recommended) | | |
| Tuition and fees? | | |
| Off-premise power failure? | | |

Notes/Comments/Questions to ask:

General Liability

| ■ General Checklist Questions | Yes | No |
|--|-----|----|
| Is policy written on an Occurrence Form? | | |
| If coverage is written on a Claims-Made Form, is the Retroactive Date correct? | | |
| Is there a deductible requirement? | | |
| Is the deductible "per claim" _____ or "per occurrence" _____ according to your form? | | |
| Does the policy deductible apply to bodily injury? _____ Property damage? _____ Both? _____ | | |
| Are all premises and operations covered? | | |
| Are all additional Insured listed on policy? | | |
| Does policy provide coverage for: | | |
| Care, custody, control of property of others? | | |
| Leased or temporary workers? | | |
| Employees as insureds? | | |
| Volunteers as insureds? | | |
| Independent contractors? | | |
| Personal injury? | | |
| Advertising liability? | | |
| Host liquor liability? | | |
| Sporting/athletic teams/events? | | |
| Medical payments? | | |
| Fire legal liability? | | |
| Employee benefits liability? | | |
| Automatic coverage for new entities? | | |
| Non-owned watercraft? | | |
| Non-owned aircraft? | | |
| Punitive damages? | | |
| Is the term "insured" defined as "while acting on behalf of the organization"? | | |
| Is medical malpractice professional liability needed? | | |
| Is sexual misconduct liability included or quoted separately? | | |
| Is pastoral counseling liability included or quoted separately? | | |
| Is corporal punishment included? | | |
| Is hired and non-owned automobile coverage included if no autos are owned by church ? | | |
| Is coverage extended to schools, child care facilities, adult day care facilities, camps and cemeteries? | | |

Notes/Comments/Questions to ask:

Crime

| ■ Crime Checklist Questions | Yes | No |
|---|-----|----|
| Is Blanket Bond coverage provided for employee dishonesty? | | |
| Is theft, disappearance and destruction inside and outside the premises provided? | | |
| Is coverage needed for robbery/burglary of property other than monies and securities held in a safe or vault? | | |
| Is Extortion coverage needed? | | |
| If yes, is this provided in the policy? | | |
| Is computer fraud loss of monies/securities provided? | | |
| Is forgery or alteration coverage provided? | | |
| Is coverage extended for camps? | | |

Notes/Comments/Questions to ask:

Automobile Liability

| ■ Automobile Liability Checklist Questions | Yes | No |
|--|-----|----|
| Does the church lease vehicles (long term)? If so, are all insurance requirements addressed in lease contract? | | |
| Is Mexican coverage needed? | | |
| Is no-fault coverage required by the state? If so, is this coverage provided within the policy? | | |
| Is personal injury protection needed? If so, is this coverage provided within the policy? | | |
| Are all auto coverage symbols correct on policy? | | |
| Are all loss payees listed in policy (if applicable)? | | |
| Are applicable deductibles correct? | | |
| Will higher deductibles result in substantial premium savings? (Make sure the higher deductible assumed is worth the reduction in premiums.) | | |
| Are all vehicle identifiers correct? (year, make, model, VIN) | | |
| Is fleet coverage provided if more than five owned vehicles are insured? | | |
| Is physical damage for non-owned vehicles provided? | | |
| Is physical damage for trailers provided? | | |
| Is liability for both bodily injury and property damage (Combined Single Limit) provided? | | |
| Is uninsured motorist and/or underinsured motorist coverage needed? If so, is this coverage provided within the policy? | | |
| Is Hired Car Loss of Use needed? | | |
| Is Driver of Other Car Coverage needed? | | |
| | | |

Notes/Comments/Questions to ask:

Workers Compensation

| ■ Workers Compensation Checklist Questions | Yes | No |
|---|-----|----|
| Are payrolls used to estimate premium correct and properly classified? | | |
| Is the premium calculated correctly? | | |
| Is the correct Experience Modification Rate applied to the premium calculation? | | |
| Are any out-of-state exposures addressed? | | |
| Are any foreign exposures addressed? | | |
| Are there operations or payroll generated from a Monopolistic State? | | |
| Is Coverage B - Employers Liability limit adequate? | | |
| Does the carrier provide safety programs and training as part of the annual premium? | | |
| Are there any Waiver of Rights Agreements in place? If so, review these contracts since they are frequently invalid. | | |
| Are all Premium Discounts applied? | | |
| Are all Scheduled Credits applied? | | |
| Are Loss Expense Constants correct? | | |

Notes/Comments/Questions to ask:

Umbrella

| ■ Umbrella Checklist Questions | Yes | No |
|---|-----|----|
| Does policy contain "Pays on behalf of" language? | | |
| Are defense costs outside the policy limits? If not, have this changed. | | |
| Does policy provide first dollar defense coverage if primary/underlying policy excludes coverage? | | |
| Does policy provide for defense if underlying policy limits that are exhausted? | | |
| Does policy "follow form" with scheduled underlying policies? | | |
| Are all underlying policies scheduled on umbrella policy? | | |
| Are all underlying carrier names, policy limits, deductibles, etc. correct on umbrella policy? | | |

Notes/Comments/Questions to ask:
