

**2017 INCORPORATION AND PROOF OF INSURANCE**

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

*"Whenever permitted by civil law, each particular church shall cause a corporation to be formed and maintained." G-4.0101*

Please complete the following either with the number or a check mark in the appropriate blanks.

Incorporation # \_\_\_\_\_

- Incorporation is current with the State of Indiana
- Incorporation has lapsed
- Unincorporated

Please complete the following regarding current insurance coverage:

Name of primary insurance carrier \_\_\_\_\_

Agent's Name & Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

This policy provides the following coverage:

Property \$ \_\_\_\_\_ Contents \$ \_\_\_\_\_

Liability \$ \_\_\_\_\_

Workers' Compensation \$ \_\_\_\_\_

Sexual Misconduct \$ \_\_\_\_\_

Officers & Directors Liability \$ \_\_\_\_\_

Other coverage includes:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

The Presbytery of Ohio Valley is shown on the policy as an "additional" insured. \_\_\_\_\_ Yes

This form completed by \_\_\_\_\_ Title \_\_\_\_\_