

2019 INCORPORATION AND PROOF OF INSURANCE

Church Name: _____ Location: _____

Please include the declaration page from your most recent policy with this report.

"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 _____

Please return this form to 1701 E. 2nd St., Suite 100, Bloomington, IN 47401