

**Foursquare Financial Solutions  
Insurance Services  
Policy Notebook  
2011/2012**



**FOURSQUARE**  
FINANCIAL SOLUTIONS

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## Disclaimer

The content provided within this publication is for informational purposes only for the entities within the International Church of the Foursquare Gospel, that participate in the Foursquare Financial Solutions Insurance services program. It is not a legal document and should not be construed as such.

The coverages and exclusions listed under each line of insurance presented in this publication are not all-inclusive. For complete and detailed information, a copy of the entire policy can be obtained by written request through the Foursquare Financial Solutions Insurance Services Department, PO Box 26902, Los Angeles, CA 90026-0176.

## FOURSQUARE FINANCIAL SOLUTIONS INSURANCE SERVICES

**Correspondence:**

P.O. Box 26902  
1910 West Sunset Boulevard, Ste. 200  
Los Angeles, CA 90026-0176

**Payments Only:**

Foursquare Insurance  
File 56008  
Los Angeles, CA 90074-6008

**Department Phone Numbers:**

**Local:** 213-989-4400  
**Toll-free:** 888-635-4234, plus the extension number  
**Fax:** 213-989-4531  
**E-Mail:** insurance@foursquare.org

**Personnel:**

NAME	PHONE EXT	Email	POSITION
Marc Gale	4402	mgale@4sqfs.org	Department Manager
Linda Metzler	4412	linda@foursquare.org	Assistant Manager
Bridget Ellis	4403	bellis@4sqfs.org	Sr. Claims Administrator
<b>SERVICE REPRESENTATIVES</b>			<b>REGIONS</b>
Jayne Wood	4410	jwood@foursquare.org	North Pacific District Northwest District Great Northern District Gateway District Mid-South District
Brenda Perla	4404	bperla@foursquare.org	California
Bill Vidito	4409	bvidito@foursquare.org	Heartland District Mid-Atlantic District Northeast District Southeast District Hawaii District Nevada, Utah, Arizona
Michele Chaskin	4408	mchaskin@foursquare.org	Insurance Department Specialist
Jodi Morgenstern	4437	jmorgenstern@foursquare.org	Workers' Compensation Audit, Receivables
Yolanda Portillo	4405	yportillo@foursquare.org	Background Checks

# FOURSQUARE FIANANCIAL SOLUTIONS INSURANCE SERVICES

## COVERAGE INFORMATION

Coverage is provided through the following carriers:

<b>Property</b>	<b>Lexington Insurance</b> \$50,000,000/\$100 or \$250 until April 30, 2012; then \$1,000 or \$2,500 deductible All Risks subject to policy terms and conditions and exclusions	<b>Policy No.: 18194209</b>
<b>General Liability</b>	<b>ACE American Insurance Co.</b> \$2,000,000 CGL/No deductible Premises and operations, including pastor/counselor errors and omissions and abuse and molestation	<b>Policy No.: CGO G23743115</b>
<b>Workers' Compensation</b>	<b>ACE American Insurance Co.</b> Statutory State Limits/No deductible Medical and income loss coverage for job-related bodily injuries to church employees and named volunteers	<b>Policy No.: RWC C46458060</b>
<b>Activities</b>	<b>National Union Fire Company of Pittsburgh, PA</b> Secondary coverage for \$50,000 Medical and \$500 Dental with \$250 deductible Usual and customary medical expenses for bodily injury sustained during church or school activities	<b>Policy No.: SRG 9104952-A</b>
<b>Directors &amp; Officers/ Employment Practices Liability</b>	<b>National Union Fire Company of Pittsburgh, PA</b> \$5,000,000 with D&O Deductible of \$100,000, EPLI Deductible of \$100,000 Any wrongful act of directors, officers, district supervisors, executive council, pastors, or church council. Policy form: claims made with 1/1/12 retro date	<b>Policy No.: DOC 5944638-02</b>
<b>Crime</b>	<b>Stewardship Insurance, Ltd.</b> \$50,000 with Deductible that is the greater of 10% of loss or \$500 Employee dishonesty, depositors forgery, loss of money, securities	<b>Policy No.: SIL-011</b>
<b>Auto Liability</b>	<b>ACE American Insurance Co.</b> \$2,000,000/No Deductible Owned vehicles per schedule filed with the carrier, including medical and uninsured motorist	<b>Policy No.: SCA H08245551</b>
<b>Vehicle Comprehensive and Collision</b>	<b>Self-funded through Foursquare Insurance Services</b> Replacement Value Variable/\$100 Deductible Physical damage to vehicle	<b>Policy No.: None</b>
<b>Umbrella</b>	<b>Lexington Insurance Co.</b> \$10,000,000 Per Occurrence/No Deductible Premises and operations, including pastor/counselor errors and omissions. \$5,000,000 Per Claim excess of abuse and molestation	<b>Policy No.: 065463229</b>

## INFORMATION FOR SECURING INSURANCE WITH A CARRIER OTHER THAN THROUGH FOURSQUARE FINANCIAL SOLUTIONS

Every Foursquare church has the option of obtaining insurance coverage in the commercial market rather than participating in the FFS insurance program.

**Article 17.6, in the Foursquare Bylaws**, states the following:

“INSURANCE. Each Foursquare Gospel church shall maintain adequate insurance on all church properties and activities. This obligation shall be the joint responsibility of the pastor and the members of the church council. It is recommended that every Foursquare Gospel church insure church properties and activities with the insurance program of the International Church of the Foursquare Gospel, handled through its insurance department. Unless the coverage is written through the International Church of the Foursquare Gospel insurance program, the following requirements must be satisfied:

- A. Copies of all insurance policies shall be filed with the insurance department.
- B. The International Church of the Foursquare Gospel shall be named as an additional insured.
- C. All auxiliary activities and endeavors shall be properly covered.
- D. The amounts of coverage shall be comparable to that available through the Foursquare insurance program .
- E. The policies shall be placed preferably with 'AAA' or 'AA' carriers, as listed in A. M. Best's insurance guide. Reciprocal or assessable mutual companies are not acceptable.”

The amounts of coverage comparable to that available through the Foursquare insurance program are listed on the following page of this manual.

Please note that, in order to be removed from the FFS insurance program, all the requirements as stated above must be met. If the policies do not meet the requirements, the church will continue to be enrolled in the Foursquare insurance program and be expected to pay a monthly invoice.

In order for the FFS Insurance Services Department to determine if all of the requirements have been met, a copy of the complete policy must be submitted for review.

In addition, if all the requirements have been met and the church is removed from the Foursquare insurance program, it is the church's responsibility to inform their insurance broker that the International Church of the Foursquare Gospel, 1910 W. Sunset Blvd., Ste. 200, Los Angeles, CA 90026-0176 location is to be added as an additional insured to the commercial general liability and auto policies.

If the church decides to change insurance carriers at any point, a complete copy of the new policy must be sent to the FFS Insurance Services Department. If an outside insurance policy is not changed from year to year then the church must send the FFS Insurance Services Department a current declaration page each year.

# COMPARABLE INSURANCE COVERAGE INFORMATION

## Minimum Required Insurance Coverage

January 2012

Coverage type	Coverage Limits (for churches insured by the Foursquare program)	Minimum Coverage Limits (for churches that go <u>outside</u> the Foursquare insurance program)
General Liability	2,000,000	1,000,000
Abuse and Molestation	2,000,000	1,000,000
Workers' Compensation	State Statutory Limit	State Statutory Limit
Activities (secondary med-pay)	50,000	10,000
Crime	50,000	10,000
Auto Liability	2,000,000	300,000/500,000
Umbrella		
General Liability	10,000,000	-
Abuse and Molestation	5,000,000	-
Directors & Officers	5,000,000	1,000,000
Employment Practices Liability	5,000,000	1,000,000
Property	RC value up to 50,000,000 (SIL** aggregate)	100% replacement cost value
Earthquake, Flood, High Wind	RC value up to 50,000,000 (SIL aggregate) (20,000,000 SIL aggregate for California earthquake)	No earthquake coverage required National Flood Insurance re- quired if building is in FEMA flood zone

\*\*Stewardship Insurance LTD

# FOURSQUARE INSURANCE MONTHLY STATEMENT EXPLANATION

## How is the monthly assessment amount determined?

The insurance program has established an annual rate for each line of insurance, based on various factors specific to your entity. That combined annual amount is then prorated on a daily basis, and then multiplied by the number of days within the month.

Example:	Combined Annual Assessment	=	\$2,938.33
	Divided by 365 days	=	\$8.05
	Times the # of days in March (31)	=	\$ 249.55

So for March the monthly amount due is \$249.55, which is due upon receipt of the statement.

## We have sent in a payment that is not reflected on the statement, and we are concerned that it has not been Received. What do we do?

There are two possibilities: 1) The payment was received after the 25<sup>th</sup> of the previous month, and was not applied to this statement, but will be applied in the next statement.

2) The payment was misapplied to another account by the bank that receives payments.

If the payment was sent into the lockbox prior to the 25<sup>th</sup> of the previous month and is not reflected on the statement, please wait for another month before calling the Foursquare Insurance Services Department. If after the second month the payment is not reflected, please call your representative in the Foursquare Insurance Services Department, and an investigation will be performed.

## The new monthly statement does not reflect the amount shown on the cost sheet provided to us.

### Why is the amount more (or less)?

When there is a change made to the account, such as a building or vehicle being added or deleted, the monthly amounts are adjusted to reflect those changes. Also, depending on the effective date, it may affect prior month assessments as well.

Example: If a building is added in the month of February to the "property schedule" and the annual assessment has been raised \$1000, and the effective date was in January, the March assessment will reflect the amount that should have been due in the January and February statements, as well. Beginning with April, the monthly statement should reflect the "cost sheet" assuming there are no further changes made.

## We have both a church and school, and would like to send one check for both accounts. Is that possible?

No. Each organization that has its own "organization ID number." has its own account with the insurance department. The payments are sent into a special lockbox and are then processed by the bank. If there is only one check, it will be applied in full to only one of the payment slips. Please send separate payments for both the church and the school in envelopes provided with each organization's statement.

## Why can't we send in a payment to the Foursquare Insurance Department for processing?

While there are some instances that a representative requests that a payment be sent directly to the Foursquare Insurance Services Department, that is not the normal procedure. The Foursquare Insurance Services Department does not process the payments. On the statement (as shown in the sample enclosed with this FAQ) is the address for the lockbox. If the monthly payment is sent to the insurance services department, it is mailed to the lockbox for processing. This can cause a delay in posting of your payment.

# SAMPLE STATEMENT



**The Foursquare Church**  
 Jesus Christ is the same yesterday and today and forever. Hebrews 13:8

PO Box 26902  
 1910 W. Sunset Blvd., Suite 200  
 Los Angeles, CA 90026-0176

## INSURANCE FUND

Date: 3/1/2006

ID:

Toll Free: 888-635-4234  
 Local: 213-989-4400  
 Fax: 213-989-4531  
 Office Hours: 8am-4pm PST

Page: 1

NEW INSURANCE FAX NUMBER  
 1-213-989-4531

### STATEMENT

Doc.#	Date	Type	Description	Debit	Credit	Balance
	2/1/2006	BBF	Balance Brought Forward	\$225.40	\$0.00	\$225.40
ASMT00113947	3/1/2006	SLS	Mar 2006 Monthly Assessmen	\$249.55		\$474.95
PMT104064	2/16/2006	PMT	Pmt Recd 001673		(\$225.40)	\$249.55

If applicable, any money owed from a previous month(s) will be brought forward.

This is the new monthly assessment amount owed.

This shows what payment(s) prior to the 25th of the previous month have been applied to the account.

**Current Balance Owed**

NOTE: If balance amount is in brackets (i.e.:  $\$(249.55)$ ), this means there is a credit and no payment is to be made.

Please detach and return this bottom portion with your payment



**The Foursquare Church**  
 Jesus Christ is the same yesterday and today and forever. Hebrews 13:8

### INSURANCE PAYMENT COUPON

**Instructions:**

1. Please write in the amount of your payment.
2. If payment differs from amount due, please explain.
3. Please make your check payable to: ICPG

Send this coupon with your check to:

ICPG Insurance Fund  
 File 56008  
 Los Angeles, CA 90074-6008

Please use this coupon for Insurance payments only.

Organization ID:

Statement Date: 3/1/2006

Amount Due: \$249.55

Payment Amount: \_\_\_\_\_

Please briefly explain any difference between the amount due and your payment:

\_\_\_\_\_

# CERTIFICATES OF INSURANCE AND PROOF OF INSURANCE

There are two ways to show proof of insurance: 1) the certificate of participation, or 2) a certificate of insurance

## Certificate of Participation:

If the inquiring party states that they want to see the types of coverages and the limits, the most expedient way to do so is with the "certificate of participation" that is included with the annual renewal schedules sent every May.

## Certificate of Insurance:

If the inquiring party wants "evidence," or to be named as an "additional insured", a "certificate of insurance" needs to be requested from the Foursquare Insurance Services Department.

Depending upon the type of certificate needed, there is a form in this section to request a "property certificate", and a form to request a "general liability certificate." In addition, both forms are available on the following two pages. Also the forms can be filled out on-line at [www.foursquare.org/insurance](http://www.foursquare.org/insurance) and then emailed or printed or faxed.

If the form is completed on the computer and if there is correspondence from the requesting party or a copy of the rental agreement, lease or settlement papers, please scan or fax the information. Fax it to 213-989-4531, along with a cover page stating that it is to accompany a request sent by email. Please keep in mind that all property transactions, other than a month-to-month rental agreement, have to be sent through the board of directors prior to requesting a certificate.

Please fill in all the necessary fields on the form. If you do not have the capability to complete the form on the computer (please print the form and complete it by either typing it or using a black pen and print using block lettering.) This will avoid any unnecessary delays in issuing the certificate. All certificate requests must be submitted in the church legal name and have the 5-digit church ID code filled in.

Once the form is completed, it can be emailed, faxed or mailed to the address near the bottom of the forms.

A request for a general liability certificate for a church event will only be approved if the church's account is current and if the church carries Workers' Compensation coverage, all quarterly audit forms have been completed and submitted to the Foursquare Insurance Services Department up to the current reporting quarter. If the church is delinquent or missing Workers' Compensation audit reports, the certificate will not be issued until the matter has been resolved.

If you need a certificate for proof of vehicle insurance, it must be requested through your representative.

**NOTE:** All requests must be sent 72 hours prior to the final date needed. For emergency situations, please be aware that there is a 24-hour processing schedule, and every effort will be made to have the certificate issued in a timely manner.

# FOUR SQUARE INSURANCE PROGRAM

## CERTIFICATE FOR EVIDENCE OF PROPERTY INSURANCE REQUEST FORM

### BUILDINGS OR LEASED EQUIPMENT

Please type or print in black ink. Fill in all the information as requested. Attach a copy of all correspondence from the party requesting the certificate.

Foursquare Insurance Service Department approval is required for locations that are rented, leased, or purchased, as well as for contents valued at \$25,000 or more that are not listed on the church's insurance property schedule.

The preferred method of issuing the certificate by the broker is by email. Please provide the information for both the organization and the requesting party. If that information is not available, it will either be faxed or mailed.

- NOTE: 1) All certificate requests are required to be submitted 72 hours prior to the due date.  
 2) If incomplete information is provided, the request will be returned for completion.

Organization Information

Organization Legal Name: \_\_\_\_\_ Org. ID: \_\_\_\_\_

Contact: \_\_\_\_\_ Contact Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Requesting Party

Company: \_\_\_\_\_

Contact: \_\_\_\_\_ Contact Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Purpose of Certificate Please check one box only:  Loss Payee  Mortgagee

Loan/Lease Number: \_\_\_\_\_ Property Value: \_\_\_\_\_

Property Address: \_\_\_\_\_

Description of leased equipment: \_\_\_\_\_

Is the leased equipment for a specific event:  Yes  No If yes, what are the dates: \_\_\_\_\_

Serial Number: \_\_\_\_\_ Proof of general liability coverage:  Yes  No

Additional Information: \_\_\_\_\_

Fax or mail to: Foursquare Insurance Services Department Fax No: 213-989-4531  
 P.O. Box 26902 Phone: 888-635-4234, ext. 4400  
 Los Angeles, CA 90026-0176

<p><b>For Office Use Only:</b></p> <p>Accepted <input type="checkbox"/> Denied <input type="checkbox"/></p> <p>Reviewed By: _____</p>	<p>Account Status:</p> <p><input type="checkbox"/> Great Plains: _____</p> <p><input type="checkbox"/> Workers' Compensation audit forms missing</p> <p><input type="checkbox"/> Location is on Property Schedule, if applicable</p> <p><input type="checkbox"/> Other: _____</p>
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# FOURSQUARE INSURANCE PROGRAM

## CERTIFICATE OF GENERAL LIABILITY REQUEST FORM

Please type or print in black ink. Fill in all the information as requested. Attach a copy of all correspondence from the party requesting the certificate.

Foursquare Insurance Services Department approval is required for locations that are rented, leased, or purchased and are not listed on the church's insurance property schedule.

The preferred method of issuing the certificate by the broker is by email. Please provide the information for both the organization and the requesting party. If that information is not available, it will either be faxed or mailed.

- NOTE: 1) All certificate requests are required to be submitted 72 hours prior to the due date.  
2) If incomplete information is been provided, the request will be returned for completion.

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### Organization Information

Organization Legal Name: \_\_\_\_\_ Org. ID: \_\_\_\_\_

Contact: \_\_\_\_\_ Contact Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Fax No. : \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

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### Requesting Party

Company: \_\_\_\_\_

Contact: \_\_\_\_\_ Contact Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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### Purpose of Certificate

Please check one box only:       Evidence Only       Additional Insured (required by contract)

Type of event or use of premises: \_\_\_\_\_

Physical address of event: \_\_\_\_\_

Dates of the event: \_\_\_\_\_ Date Certificate Needed: \_\_\_\_\_

Additional Information: \_\_\_\_\_

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Fax or mail to: Foursquare Insurance Services Department      Fax No: 213-989-4531  
P.O. Box 26902      Phone: 888-635-4234, ext. 4400  
Los Angeles, CA 90026-0176

<p><b><u>For Office Use Only:</u></b></p>	<p>Account Status:</p>
<p><input type="checkbox"/> Accepted    <input type="checkbox"/> Denied</p>	<p><input type="checkbox"/> Great Plains: _____</p>
<p>Reviewed By: _____</p>	<p><input type="checkbox"/> Workers' Compensation audit forms missing</p>
	<p><input type="checkbox"/> Location is on Property Schedule, if applicable</p>
	<p><input type="checkbox"/> Other: _____</p>

# POLICY INFORMATION

# COMMERCIAL PROPERTY INSURANCE

**Description of Policy:** Pays for the repair or replacement of church-owned buildings and contents that have been damaged or destroyed as a result of the occurrence of a covered peril. The term "occurrence" is defined as any one loss, disaster, casualty or series of losses, disasters or casualties arising out of one event. When the term applies to loss or losses from the perils of tornado, cyclone, hurricane, wind storm, hail, flood, earthquake, one event shall be construed to be all losses arising during a continuous 168 hours.

See pages 17 and 18 for specific information regarding coverage for "named" windstorms, earthquakes, and floods.

**Carrier:** Lexington Insurance Company

**Policy Number:** 18194209

**Term:** March 19, 2011, to March 19, 2012

**Basic Deductible:**

Under \$250,000 in coverage	\$100	\$1,000 after 4/30/12
More than \$250,000 in coverage	\$250	\$2,500 after 4/30/12

Flood, earthquake and named windstorm see pages 17 and 18

**Only Theft/Vandalism Claims:** If your basic deductible is same as above

**Limits:** \$50,000,000 per occurrence. For sub-limits on specific coverages, please contact the Foursquare Insurance department. See "schedule of properties" for coverage limits for each building and its contents that apply specifically to the church's account.

**Late Claim Reporting:** If a claim is reported more than 30 days after the date of loss, we cannot guarantee the claim will be covered. The insurance carrier can enforce the late reporting provision of the policy.

## COMMERCIAL PROPERTY INSURANCE, CONTD.

### Coverages:

1. All real property and contents, including improvements for the amount listed on the Property Schedule
2. Newly acquired property: Purchase must be reported to the Foursquare Insurance Department within 120 days of purchase
3. Property under "Course of Construction" (\$5,000,000 maximum). If the "Course of Construction" exceeds the maximum, and the lender is requiring proof of insurance, contact your service representative to obtain an application for additional insurance
4. Personal property of the insured's officers and employees including musical instruments and related equipment of members of participants while on the premises of the insured: \$100,000 sub-limit
5. Professional property of pastors
6. Property in the course of transit: \$100,000 sub-Limit
7. Vacant and unoccupied buildings, up to sixty (60) days
8. Initial replacement costs on all property less a deduction for depreciation, with the depreciation amount paid once your organization has completed the repairs or replaced items and documentation has been provided
9. Contingent liability (loss to damaged, or undamaged property arising from enforcement of building codes provided the loss resulted from an insured peril; including demolition, costs of construction and reconstruction)
10. Loss of rents due to covered damage
11. Business interruption due to covered damage
12. Accounts receivable records
13. Extra expense (\$100,000)
14. Boilers
15. CyberSecure
16. Leasehold interest

### Earthquake/Flood and Named Windstorm

Optional (unless required by the mortgage lender).  
Additional Assessment required.  
See pages 17 and 18 for detailed information

### Major Exclusions including, but not limited to the following:

1. Aircraft, watercraft, vehicles licensed for highway use
2. Jewelry, precious stones, furs, crops or animals
3. Bills, currency, money, notes, securities, deeds and evidence of debt
4. Property sold by or under encumbrance to the insured after it leaves the custody of the insured or employee of the insured
5. Power transmission lines and feeder lines not on the insured's premises
6. Land, land values and water
7. Asbestos pollution, contamination and seepage
8. Terrorism
9. Mold, mildew, fungi
10. Electronic vandalism

## COMMERCIAL PROPERTY INSURANCE, CONTD.

- Additional Information:**
1. This policy is not intended to cover loss due to lack of maintenance.
  2. All claims will be adjusted in accordance with the terms and conditions of the policy.
- Building Replacement Value:** Insurance rates are predicated upon the actual cost to replace the building and/or contents. In the calculation of replacement values the Foursquare Insurance department uses the Marshall & Swift/Boeckh Program, which considers local geographic and economic factors such as cost of materials, cost of living, real estate, etc. Insured values are not always the same as market values which includes land value and other factors.
- Locations:** United States of America and the District of Columbia
- Claims Procedure:** See the claims section, page 42, for specific instruction

# EARTHQUAKE/FLOOD/NAMED WINDSTORM INSURANCE

## AS AN ENDORSEMENT TO THE PROPERTY INSURANCE

**Description of Policy:** Pays for the repair, or replacement, of church-owned buildings and contents that have been damaged or destroyed as a result of the occurrence of a flood, earthquake, volcanic action, landslide, mudslide, windstorm and hurricane.

**Carrier:** Lexington Insurance Company

**Policy Number:** 18194209

**Term:** March 19, 2011, to March 19, 2012

**Deductible:** **Earthquake**  
The greater of 5%\* or \$250,000 per occurrence in CA, AK, HI  
The greater of 2%\* or \$250,000 minimum per occurrence in the Pacific Northwest and New Madrid earthquake areas  
\$250,000 All other states

**Flood**  
The greater of 5%\* or \$1,000,000 with respect to locations wholly or partially within Special Flood Hazard Areas (SFHA), areas of 100-year flooding, as defined by the Federal Emergency Management Agency (FEMA).

The greater of 5%\* or \$100,000 with respect to any other flood loss including Named Storms, any one occurrence

**Windstorm**  
The greater of 5%\* or \$250,000 all locations within Tier 1 wind zones as defined in the policy, any one occurrence.  
The greater of 5%\* or \$100,000 per occurrence for Named Storms, other than Tier 1 areas

The above noted deductible applies to each location affected by the occurrence. This could include multiple properties.

\*Of total value at each location

**Limits:** \$50,000,000.  
Exception: California Limit is \$20,000,000  
See "schedule of properties" for coverage limits for each building and its contents, that apply to the church's account.

**Definition of Areas/Perils of Flood Risk:**

1. Waves; tide or tidal water, rising (including overflowing or breaking of boundaries) of lakes, ponds, reservoirs, rivers, streams, harbors and similar bodies of water
2. Surface Water: seepage, leakage, or influx of water through sidewalks, driveways, foundations, walls, basements or other floors, or through doors, windows or any other openings in such sidewalks, foundations, walls or floors; also includes all water which backs up through sewers and drains
3. Locations wholly or partially within the Special Flood Hazard Areas (SFHA); areas of 100-year flooding, as defined by the Federal Emergency Management Agency
4. Named Storms (a storm that has been declared by the National Weather Service to be a hurricane, typhoon, tropical cyclone, or tropical storm)

# EARTHQUAKE/FLOOD INSURANCE, CONTD.

## Definition of Areas/Peril Of Named Windstorm:

Tier 1 wind zones States/Counties.

- a. Alabama: Baldwin, Mobile
- b. Florida: Entire State
- c. Georgia: Bryan, Camden, Chatham, Glynn, Liberty, McIntosh
- d. Hawaii: Entire State
- e. Louisiana: Cameron, Iberia, Jefferson-Davis, Jefferson, Lafourche, Orleans, Plaquemines, St. Mary, St. Bernard, St. Tammany, Terrebonne, Vermilion
- f. Mississippi: Hancock, Harrison, Jackson
- g. North Carolina: Beaufort, Brunswick, Carteret, Craven, Dare, Hyde, New Hanover, Onslow, Pamlico, Pender
- h. South Carolina: Beaufort, Berkeley, Charleston, Colleton, Georgetown, Horry, Jasper
- i. Texas: Aransas, Brazoria, Calhoun, Cameron, Chambers, Galveston, Harris, Jackson, Jefferson, Kennedy, Kleberg, Matagorda, Nueces, Orange, Refugio, San Patricio, Victoria, Willacy
- j. Virginia: Accomack, Gloucester, Hampton City, Isle of Wight, James City, Lancaster, Matthews, Middlesex, Newport News City, Norfolk City, Northampton, Poquoson City, Portsmouth City, Suffolk City, Surry, Virginian Beach City, Westmorland, York

## Definition of Areas/Peril Of Earthquakes:

- 1. One or more (earth shock) occurring within a 168-hour period shall be deemed to be a single earthquake
- 2. "Earthquake" means: earth shock, volcanic action, landslide, mudslide, earth movement, earth sinking, earth rising or shifting

## NOTE:

The following states are considered high risk, and are recommended to have earthquake/flood insurance:

Alaska	Hawaii	Washington
Oregon	California	Arkansas
Missouri	Illinois	Indiana
Kentucky	Mississippi	Tennessee

## Locations:

The policy insures within, and between, the fifty (50) states comprising the United States of America and the District of Columbia

## Claims Procedure:

See the claims section for specific instructions page 42

# COMMERCIAL GENERAL LIABILITY INSURANCE

**Description of Policy:** Pays those sums the insured becomes legally obligated to pay to third parties as damages because of bodily injury, property damage, personal or advertising injury, subject to policy terms, conditions and exclusions.

**Carrier:** ACE American Insurance Co.

**Policy Number:** CGO G23743115

**Term:** May 1, 2011, to May 1, 2012

**Deductible:** None

<b>Limits:</b>	\$10,000,000	General Policy aggregate
	\$4,000,000	General aggregate
	\$2,000,000	Products/completed operations aggregate
	\$2,000,000	Personal and advertising injury
	\$2,000,000	Each occurrence for bodily injury and property damage
	\$1,000,000	Damage to property rented to you
	\$2,000,000	Abuse and molestation
	\$10,000	Medical expense, any one person

**Major Exclusions including but not limited to the following:**

1. Intentional acts, willful violations of laws
2. Workers' Compensation statutes
3. Absolute pollution – hostile fire exception
4. Asbestos
5. Transportation of mobile equipment
6. War and nuclear hazard
7. Damage to owned property
8. Terrorism
9. Coverage for personal property rented to insured or belonging to employees
10. Mold and microbial contamination
11. Publishers errors and omissions
12. Counseling or social work errors and omissions coverage for licensed individuals

**Additional Information:** Extensions of Coverage:

1. Additional insureds as required by contract
2. Joint/venture partnership endorsement, if shown as named insured
3. Ninety day (90) notice of cancellation
4. Named insured includes volunteers as insureds
5. Incidental Medical Malpractice for health care professional

**Note:** The foregoing lists should not be construed as complete lists of extensions of coverage and/or exclusions.

**Locations:** United States

**Claims Procedures:** See the claims section, page 44, for specific instructions.

## ACTIVITIES INSURANCE (SECONDARY MED PAY)

<b>Policy Description:</b>	This policy is secondary to any other applicable group medical insurance. It pays those sums that the church becomes legally obligated to pay, for accidental/medical expenses for an injury to any participant while taking part in a church-sponsored and supervised activity. This would include scheduled and unscheduled sports. Coverage is extended while on the church's premises, as well as off site. No lost wages will be paid to the injured person.
<b>Carrier:</b>	National Union Fire Insurance Company of Pittsburgh
<b>Policy Number:</b>	SRG 0009104952-A
<b>Term:</b>	March 1, 2012, to March 1, 2013
<b>Deductible:</b>	\$250.00 per claim
	NOTE: This is the responsibility of the local church. The carrier will advise where, when and to whom it is payable.
<b>Limits:</b>	Accidental Death and Dismemberment, Paralysis: \$50,000 Accident Medical Expense: \$50,000
	Note: The policy provides payment of usual and customary medical charges, less the \$250 deductible, within the applicable policy limit, paying those charges not covered by the primary health/medical insurance. An explanation of benefits (EOB) from the primary health carrier is required. If the injured party does not have health/medical insurance the Activities Insurance will act as primary, paying the usual and customary medical expenses associated with the incident, within the policy limit.
<b>Covered Expenses:</b>	<ol style="list-style-type: none"><li>1. Semi-private room and board for hospitalization; intensive care unit ancillary services, such as the operating room or emergency room, or the use of an ambulatory medical center (clinic, physician's office, etc.)</li><li>2. Services of a physician or a registered nurse (RN)</li><li>3. Ambulance service to/from a hospital</li><li>4. Laboratory tests</li><li>5. Radiological procedures</li><li>6. Anesthetics, and the administration of anesthetics</li><li>7. Blood; blood products; artificial blood products; and the transfusion thereof</li><li>8. Physical therapy, and occupational therapy</li><li>9. Rental of durable medical equipment</li><li>10. Artificial limbs, artificial eyes or other prosthetic equipment, as needed, due to covered injury</li><li>11. Medicines or drugs administered by a physician, in office or with a written prescription</li><li>12. Plastic surgery, limited to the facial region</li></ol>

## ACTIVITIES INSURANCE (SECONDARY MED PAY), CONTD.

- Exclusions:**
1. Repair or replacement of existing artificial limbs, artificial eyes, or other prosthetics appliances
  2. New, or repair or replacement of, dentures, bridges, dental implants, dental bands, or braces or other dental appliances, crowns, caps, inlays or onlays, fillings or any other treatment of the teeth or gums, except for repair or replacement of sound natural teeth damaged or lost as a result of injury up to the dental maximum of \$500.00
  3. New eyeglasses or contact lenses or eye examinations related to the correction of vision, unless injury has caused impairment of sight
  4. New hearing aids or examinations, unless the injury has caused impairment of hearing
  5. Lost wages

This policy does not cover any loss caused in whole or in part or resulting in whole or in part from the following:

- a. Sickness, disease or infections of any kind; except bacterial infections due to an accidental cut or wound, botulism or ptomaine poisoning
- b. Declared or undeclared war, or any act of declared or undeclared war
- c. Air travel, unless the insured is a passenger on a regularly scheduled flight of a properly licensed commercial air carrier

**Locations:** Foursquare churches located within the fifty (50) states of the United States of America, and on file with the Foursquare Insurance Department. Off-premise locations are covered if the location is being used in an official church function/activity.

**Additional Activities Policy:** Foursquare Missions International has an activities policy that extends coverage to churches that have members participating in the World Impact Teams. Please contact FMI for further details.

**Claims Procedures:** See the claims section, page 45, for specific instructions and forms.

# COMMERCIAL VEHICLE INSURANCE

**Description:** Pays as a result of bodily injury or property damage caused by or with an insured vehicle. Physical damage pays on behalf of, or, reimburses cost of repair or replacement; includes hired vehicle liability and property damage, non-ownership liability.

**Underwriter:** ACE American Insurance Co.

**Policy Number:** SCA H08245551

**Term:** May 1, 2011, to May 1, 2012

**Coverage Area:** The 50 states comprising the United States of America and the District of Columbia. **Note:** We will not be adding any new vehicles in Hawaii. There is no rating system available.

**Deductible:** \$100 per claim for physical damage

**Coverage and Limits:** Applies to all vehicles on file with Foursquare Insurance Department and the above noted carrier.

\$2,000,000	Combined Single Limit, bodily injury and property damage
Mandatory Limits	Uninsured/underinsured motorist
Mandatory Limits	Personal Injury Protection (PIP)
\$10,000	Medical payments per person per accident
Comprehensive and Collision	Optional; pays for theft or physical damage to covered vehicle; actual cash value or cost of repair, whichever is less, per schedule of vehicles reported to the Foursquare Insurance Department

**Major Exclusions including, but not limited to The following:**

1. Expected or intended injury
2. Liability of others assumed under contract other than an insured contract as defined
3. Workers' Compensation or Employer Liability statutes
4. Property owned or in the insured's care, custody or control
5. Pollution
6. War, nuclear hazard, terrorism
7. Towing and/or rental of a vehicle
8. Loss or damage to sound reproducing equipment unless such equipment was permanently installed in the vehicle
9. Wear and tear, freezing, mechanical or electrical breakdown
10. Road damage to tires
11. Any loss where it is proven that an otherwise insured driver had consumed any alcoholic beverage or any other intoxicating substance
12. All fifteen (15) passenger vans
13. Any vehicle that has been altered

## COMMERCIAL VEHICLE INSURANCE, CONTD.

**Rental Insurance Coverage:** Insurance coverage is available for rentals and is obtained through the Foursquare Insurance Department. The fees, billed to your organization's property insurance or vehicle insurance, are as follows:

Autos/Vans: \$12.50 per day (4-day minimum charge)  
Buses: \$25.00 per day (4-day minimum charge)

**NOTE:** Temporary insurance coverage cannot be extended to any rental vehicle that has a replacement value exceeding \$50,000 without prior approval from the insurance carrier.

- Eligibility for Vehicle Insurance:**
1. Your organization must be a participant in the Foursquare Insurance program.
  2. The insurance account must be current.
  3. Vehicle must be registered in the legal church name, not the slogan name. The address should be the local church address.
  4. The vehicle cannot be used for commercial purposes, eg. real estate sales, delivery services.

**Enrollment Procedure –  
To establish a new account:**

1. The request for either an insurance quote or coverage may initially be done by telephone. The year, make, model, sub-model and vehicle identification number (VIN) of the vehicle is necessary, together with the garage location address of the vehicle.
2. Prior to binding coverage, the following must be received:
  - a. A signed authorization form
  - b. A copy of the certificate of title (pink slip) or a proof of purchase documents must be in the church legal name
  - c. Photos showing all four (4) sides of the vehicle
  - d. All driver motor vehicle records (MVRs)
  - e. A down-payment of 20% of the annual vehicle assessment
3. Upon completion and return of the required documentation, the following will be issued:
  - a. Loss Payable clause or lien holder as requested
  - b. Identification card to meet state requirements
4. All documentation listed in #2 "a-e" above must be received prior to binding coverage.
5. The final registration, showing the church legal name as the registered owner, must be sent to the Foursquare Insurance Services Department within sixty (60) days upon binding. If it is not received, the insurance coverage will be subject to cancellation.

## COMMERCIAL VEHICLE INSURANCE, CONTD.

### Enrollment Procedure – To add a vehicle to an existing account:

1. The request for either an insurance quote or coverage may initially be reported by telephone. The year, make, model, sub-model and Vehicle Identification Number (VIN) of the vehicle is necessary, together with the garage address of the vehicle
2. Upon your request for insurance coverage an authorization form will be sent for completion. In addition, the following must be received prior to binding coverage:
  - a. A copy of the certificate of title (pink slip), or proof of purchase
  - b. Photos showing all four (4) sides of the vehicle.
3. The following must be returned to the Foursquare Insurance Services Department within the time-frame stipulated:
  - a. Signed authorization form within ten (10) business days
  - b. Final registration, showing the church's legal name as the registered owner within sixty (60) days upon binding coverage

### Buses:

Due to 1977 Federal Motor Vehicle Safety Standards, only 1978 and newer buses will be insured.

### To Remove a Vehicle:

A written request must be sent to the Foursquare Insurance Services Department.

### Driver Eligibility for Church-owned Vehicles and Buses:

The following rules apply for new and continuing drivers:

1. The eligible age of drivers is between 25 to 65, inclusive (Senior pastors are excluded from this rule)
2. Each driver must have a current driver's license according to state requirements
3. For vehicle or van drivers: No "at-fault" accidents, or moving violations, within one (1) year; for bus drivers: within the past two (2) years

### Procedures to Add a New Driver:

1. Complete the top portion of the driver information form in this section.
2. Include a copy of the current motor vehicle record (MVR) from the local DMV.
3. Mail both the driver Information form and MVR, along with a written letter requesting the addition of the driver.

### Special note regarding MVR's:

The local church is responsible to secure the initial copy of the Motor Vehicle Record (MVR) for their approved drivers. After which, at each renewal, a current MVR will be obtained by the Foursquare Insurance Services Department.

### Delinquent Accounts:

If the church's account is sixty (60) days or more in arrears, your vehicle insurance will be considered for cancellation. In addition, physical damage claims will not be processed until the account is brought to a current status.

## DRIVER INFORMATION

Organization: \_\_\_\_\_ ID: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

### Information:

Name of Driver: \_\_\_\_\_

State Issued: \_\_\_\_\_ License Number: \_\_\_\_\_ DOB: \_\_\_\_\_

- Motor Vehicle Report (MVR) is included.
- License is current.
- This driver is the senior pastor.
- Driver is between the ages of 25 and 65.
- This driver is under the age of 25 or over the age of 65, and a letter of explanation is included.
- License is not issued in the state where the driver currently resides.

*NOTE: The driver must meet with the state's requirements to secure a license within the time-frame allowed by law. Needs to be pended to get current license in the state within 30 days of being added.*

- License reflects lawful state-issued level for driving a bus.

### For Office Use Only:

- There are no moving violations or accidents within the last year.
- This driver will be driving a bus and has had no moving violations or accidents in the last two (2) years.
- Driver is the Senior Pastor.
- This driver is under the age of 25 or over the age of 65 and has been approved by the department manager to be added as a driver. Letter of explanation is attached.  
*Manager's Initials: \_\_\_\_\_*
- Driver is denied due to not meeting the requirements.

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

# VOLUNTEER DRIVERS

It is not unusual for churches to permit volunteer drivers to use their personal vehicles for church activities such as youth outings. The Foursquare Insurance Services Department is concerned for the safety of everyone participating in a church activity. Therefore, we recommend that every precaution be taken when considering the use of volunteer drivers.

The Foursquare Insurance department recommends the following guidelines:

1. The volunteer driver should not be younger than twenty-five (25) years of age.
2. The church should request a copy of the volunteer driver's motor vehicle record (MVR) prior to allowing him or her to drive for a church activity.
3. The church should conduct a background check on the volunteer driver if minors are being transported.
4. The volunteer driver must show proof of vehicle insurance. It is recommended that the driver carry a minimum of 100,000/300,000/50,000, along with a minimum of 25,000 in medical pay per person.
5. Complete the "permit to volunteer use of private vehicle" for each volunteer driver.

**NOTE:** If the volunteer is to drive a church-owned vehicle, they must be added to the church's account prior to using the vehicle. Please see the instructions on how to add a driver to the church's account under "Commercial Vehicle Insurance."

# PERMIT FOR VOLUNTEER USE OF PRIVATE VEHICLE

Any person using a privately owned vehicle to transport passengers for any church-sponsored activity or to conduct church business must complete this form.

## PRIVATE VEHICLE MINIMUM RECOMMENDATIONS

◆ Insurance

Public Liability/Bodily Injury:	\$100,000/\$300,000 per accident
Property Damage:	\$50,000 per accident
Medical Payments:	\$25,000 per person, per accident

◆ Number of Passengers (excluding the driver)

- The number of passengers to be transported in any one vehicle shall not be more than the legally permitted number of passengers deemed appropriate as determined by the number of working seatbelts.
- Double-buckling is not permitted.
- All passengers are required to wear a seatbelt at all times while the vehicle is in transit.
- Passengers are not permitted to ride randomly in the back of converted vans or pick-ups with or without camper shells.

Name of Driver: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Drivers' License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Insurance Information:

Name of Insurance Company	
Policy Effective Dates	
Bodily Injury Limits	
Property Damage Limits	
Medical Payments	

Vehicle Information: Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ License Plate: \_\_\_\_\_

Number of passengers: \_\_\_\_\_ (based on the number of working seatbelts)

As a volunteer, I am responsible for the safe operation of my vehicle and the safe transportation of the occupants. In the event of an accident, my personal vehicle insurance is primary. My insurance company will be responsible for settling all claims and/or lawsuits in the event of an accident.

Upon submission of a copy of my moving violation report and approval, I request authorization to use my privately-owned vehicle for church purposes for the calendar years of 20\_\_\_\_ - 20\_\_\_\_\_

\_\_\_\_\_  
Signature of Volunteer Driver

\_\_\_\_\_  
Date

**For Office Use Only:** Background Check:  Approved  Not Approved MVR:  Approved  Not Aroved  
 Approved to drive: \_\_\_\_\_ Not approved to drive: \_\_\_\_\_

# WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY INSURANCE

<b>Description of Policy:</b>	Pays medical care costs associated with a bodily injury sustained by an employee in the course of his/her employment; as well as provides a measure of monetary compensation in the event employee is unable to work. Workers' Compensation provides statutory benefits in those states where private carriers are permitted. Employer's Liability pays the amount for which the insured may be legally liable due to bodily injury of an employee.	
<b>Carrier:</b>	ACE American Insurance Co.	
<b>Policy Number:</b>	RWC C46458060	
<b>Term:</b>	May 1, 2011, to May 1, 2012	
<b>Limits:</b>	Workers' Compensation:	State Statutory
	Employer's Liability:	\$2,000,000
<b>Eligible Employees:</b>	Any compensated staff or named volunteers while working on behalf of Foursquare and/or the local church are covered by Workers' Compensation benefits.  All Foursquare pastors are considered to be employees regardless of whether or not they receive compensation from the church. While in certain states Workers' Compensation coverage is optional, the <i>bylaws of the International Church of the Foursquare Gospel</i> and <i>The Handbook for the Operation of Foursquare Churches</i> require that all pastors be covered.	
<b>Reports Required:</b>	Quarterly payroll reporting; Quarterly IRS-941 (if applicable), or the annual IRS-944(only if notified by the IRS that it has changed the organization's status).	
<b>Extensions of Coverage:</b>	<ol style="list-style-type: none"><li>1. Other states insurance, excluding monopolistic states</li><li>2. Employer's liability for monopolistic states</li><li>3. Voluntary compensation and employer's liability</li></ol>	

## WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY INSURANCE. CONTD.

### Major Exclusions

(Included, but not limited to):

1. Liability assumed under a contract
2. Punitive or exemplary damages
3. Employment in violation of law, with the knowledge of the insured
4. Discrimination or discharge in violation of the law
5. Employer's liability: damages arising out of coercion, criticism, demotion, evaluation, reassignment, discipline, defamation, harassment, humiliation, discrimination or termination

### Note regarding

#### Monopolistic States:

A few states have laws that require employers to obtain Workers' Compensation from a single, government operated insurance provider. In these "monopolistic" states listed below, participation in the Foursquare policy is not possible. Churches located in these states must obtain Workers' Compensation coverage for any pastor and employees through the state system. They must also provide proof of Workers' Compensation coverage to the Insurance Department, showing the legal name of the church as the insured.

The following states are "monopolistic":

Ohio  
North Dakota  
Washington  
Wyoming

Please contact the Insurance Department for assistance in completing the application and other forms relating to this coverage.

#### Locations:

United States only, unless out of the country as part of the person's employment.

#### Claims Procedure:

See the claims section, page 48, for specific instructions.

All Oregon claimants must submit Form 801 that is issued by the employer along with the usual claim form.

The late reporting of a Workers' Compensation claim may subject the church to fines imposed by their respective states. These fines and/or penalties will be the responsibility of the local church.

## WORKERS' COMPENSATION PAID STAFF AUDIT INSTRUCTIONS

### PLEASE READ ALL OF THESE INSTRUCTIONS PRIOR TO COMPLETING THE AUDIT FORMS:

1. Please print as many copies of the audit form as necessary since the maximum number of employees to be listed on each page is three.
2. Fill in the information for all paid employees within the applicable quarter, listing each individually. Do not list the same person three times on the page or two times in one box.
3. Please check off the appropriate job description for each person. If the job description is not listed, please select "other" and provide a description. If a person has multiple duties, check off all job duties that are applicable.
4. Separate salary and housing allowance amounts, and provide the grand total on the bottom of the first sheet. The amount of salary and/or housing reported on the audit form should be the gross amount received for the quarter only. DO NOT list a weekly, monthly or annual amount on the form.
5. The person preparing the audit form must also include his or her name and a contact phone number in the event that additional information is needed by the auditor.
6. If employees work for both the church and school, please divide the earnings accordingly and list the employees on both the church's and school's audit forms.
7. Do not include on this form any person whose income is reported on Form 1099. These persons, if listed on the audit form, will be removed. The only exception is if the senior pastor was planning to receive a Form 1099 for that particular quarter.
8. If the senior pastor does not receive a salary, please do not fill out the paid staff form by putting "0" in the salary and housing allowance fields. Please see the instructions for filling out the volunteer staff form with the necessary information.
9. All salary amounts must total the figure listed on line 2 on the quarterly IRS 941 form. (IRS 941 is applicable if there is paid, non ministerial staff.) Please include a copy of the IRS 941 with the audit form. Do not include a quarterly state tax form in lieu of the IRS Form 941. Do include payroll service paperwork with payroll totals if a copy of the IRS 941 is not provided by the payroll service.
10. If line 2 on the IRS Form 941 does not match due to retirement contributions or other pre-tax issues, please provide a written explanation. If the church files an annual IRS 944, please write that on the audit form.
11. The deadline for submission of the audit form, together with IRS Form 941, is ten days after the end of the quarter, e.g., *July 10 for April 1—June 30 quarter.*
12. If the church or school uses a payroll service, the enclosed blue form must be filled out and returned along with the April-June quarter audit form. Please note: There are two forms on one sheet. Please send the top portion, retaining the bottom portion to use in case there is a change of payroll services during the term.
13. If the church or school would prefer to send the information on a prepared spreadsheet, please call Foursquare Insurance at 888-635-4234, ext. 4437, for specific instructions.
14. Faxed audit forms are not acceptable. The original forms must be mailed. *Do not fax and then mail.* Mail to: Foursquare Insurance Services Department, PO Box 26902, Los Angeles, CA 90026.

## WORKERS' COMPENSATION VOLUNTEER AUDIT INSTRUCTIONS

**NOTE:** If your church is located in Illinois or Oregon, please do not complete any volunteer forms for any person other than the senior pastor. Illinois and Oregon law prohibits Workers' Compensation coverage for volunteers.

1. Please print as many copies of the form as necessary since a maximum of three people may be listed per page.
2. Please note: If the organization has only volunteer staff, including the senior pastor, there is no need to submit an IRS 941 to the Foursquare Insurance Department. It is only necessary when there is paid, non-ministerial staff.
3. Please mark off only one quarter per page. It is a quarterly report, not weekly, monthly or annual.
4. List all pastoral staff, including the senior pastor, if they do not receive wages or housing allowance. Do not list the same person three times on a page.
5. List the number of weeks volunteered in a quarter (13 weeks per quarter) and the number of hours volunteered in one week.
6. List all volunteers that would expect to be compensated if injured, e.g., maintenance, secretarial.
7. If the volunteer is a Sunday school teacher, musician, etc., and only volunteer on Sunday, a midweek service, or occasionally during the week, do not list him or her. He or she is covered under the activities policy in the event of an injury.
8. Please check the applicable job description for each person. If the job description is not listed, please select "other" and provide a written description. "Volunteer" is not a clear job description.
9. The person preparing the form must include his or her name and a contact phone number in the event that additional information is needed by the auditor.
10. The deadline for the submission of the audit forms is ten days after the end of the quarter, e.g., *July 10 for April 1—June 30 quarter.*
11. If you prefer, you may send the information on a prepared spreadsheet. Please call the Foursquare Insurance Department at 888-635-4234, Ext. 4437 for instructions.
12. Faxed audit forms are not acceptable. The original forms must be mailed. *Do not fax and then mail.* Mail to: Foursquare Insurance Services Department, PO Box 26902, Los Angeles, CA 90026.

## WORKERS' COMPENSATION FREQUENTLY ASKED QUESTIONS

**My church does not have employees. I am the only person on staff, and I do not receive a salary. Do I have to fill out the volunteer staff form?**

Yes. The *Handbook for the Operation of Foursquare Churches*, Article 17.12.E.1, states: "Workers' Compensation coverage is required by Foursquare bylaws and must be provided for all employees, including the (senior) pastor, even if the pastor is the only church staff member and may not receive a salary. Housing allowance is considered salary in this situation."

**I would like to send our audit in spreadsheet form. Am I able to do this?**

You may send in a spreadsheet, but the Foursquare Insurance Services Department's audit form must be used as a cover sheet completing the necessary information at the top and bottom. The spreadsheet must include names of employees, job descriptions for each employee, and salary and/or housing amount for the quarter. Please separate the totaled salaries and housing at the bottom of each column; if pre-tax or retirement funds are taken out, the amounts must be listed on a separate column.

**May I fax the audit form and IRS-941 rather than mail it in?**

No. Faxed copies are hard to read. We require the original forms be mailed to: Foursquare Insurance Services Department PO Box 26902, Los Angeles, CA 90026.

**We currently have an interim pastor that receives a 1099. Do we include them on the audit form?**

No. Anyone who is paid with a 1099 is considered an "independent contractor." He or she is responsible for his or her own insurance.

**Who should be listed as a volunteer?**

If the volunteer only helps out during a church service or church-sponsored activity (such as a Sunday school teacher, council member, usher) it is **not** necessary to cover him or her. If he or she sustains an injury, he or she would be covered under the Activities insurance.

If he or she are volunteering time outside of a church service or church-sponsored activity, such as helping with clerical issues or janitorial help, then you might consider listing him or her for coverage.

**We have a payroll service and do not receive a copy of the IRS-941. What do we do?**

Send a copy of the payroll service Wage and Tax Register, which includes the gross earnings for the quarter.

**We received a letter to send an IRS-944 instead of an IRS-941. Do we send a copy of a 941 anyway?**

No, send us a copy of the letter of notification and make note on the audit form of this change.

**Additional audit forms are available at: [www.foursquare.org/insurance](http://www.foursquare.org/insurance).  
Scroll down to Workers Compensation.**









# DIRECTORS AND OFFICERS AND EMPLOYMENT PRACTICES LIABILITY INSURANCE

**Description of Policy:** Pays on behalf of Directors, Officers and the entity those losses (not exceeding the limit, in excess of the retention) resulting from a covered claim made during the policy arising from a wrongful act. Wrongful acts means any actual or alleged act, error, omission, misstatement, misleading statement, neglect or breach of duty by the Organization or by the Individual Insureds.

**Underwriter:** National Union Fire Insurance Co. of Pittsburgh, PA

**Policy Number:** DOC 5944638-02

**Term:** December 1, 2011 to December 1, 2012

**Deductible:** Directors and Officers: \$100,000  
Employment Practices Liability: \$100,000

**Limits:** \$5,000,000 per claim and total per policy year

**Major Exclusions  
(Including but not limited to)**

1. Contractual, except any claim for Employment Practice Wrongful Acts
2. Pending and prior litigation
3. Prior or pending claims against newly acquired subsidiaries
4. Pollution
5. Personal profit or advantage
6. Bodily injury; including sickness
7. Property damage
8. Service by the insured as a director, officer, trustee, employee, volunteer, or member of the staff, faculty, or committee member of any entity other than the insured entity
9. Advertising, broadcasting publication
10. Sexual misconduct and child abuse
11. Criminal or deliberate fraudulent acts
12. Wage and Hour claims
13. Professional errors and omission
14. Terrorism

**Additional Information:** Extensions of Coverage

- Insured Persons:**
1. Past, present or future:
    - a. Directors and Officers.
    - b. Trustees
    - c. Manager
    - d. In-house General Counsel
    - e. Committee member
    - f. Member of the faculty
  2. Full-time employees
  3. Part-time employees
  4. Volunteers
  5. Legal representatives

# DIRECTORS AND OFFICERS AND EMPLOYMENT PRACTICES LIABILITY INSURANCE

**Additional Information, contd.:** Extensions of Coverage

**Employment Practices:**

EPLI Wrongful act includes:

1. Breach of employment contract
2. Employment discrimination
3. Employment harassment
4. Retaliation
5. Workplace tort
6. Wrongful employment decision
7. Wrongful termination

**Note:**

The foregoing list should not be construed as a complete list of coverages and/or exclusions.

**Locations:**

Worldwide except where sanctioned by the United States

**Claims Procedures:**

See the claims section, page 42, for specific instructions

# COMMERCIAL CRIME INSURANCE

<b>Description of Policy:</b>	Pays for covered losses of monies or securities.	
<b>Underwriter:</b>	Stewardship Insurance Company, Ltd.	
<b>Policy Number:</b>	SIL 011	
<b>Term:</b>	November 1, 2011 to November 1, 2012	
<b>Deductible:</b>	10% of loss, or a \$500 minimum, whichever is greater	
<b>Limits:</b>	\$50,000 per occurrence	Employee Dishonesty
	\$50,000 per occurrence	Depositors Forgery
	\$50,000 per occurrence	Theft, disappearance, and destruction, both inside and outside the premises

- Coverages:**
1. Employee dishonesty: Covers loss because of a dishonest act committed by an employee acting alone or in collusion (except named insured or a partner) with manifest intent to cause the insured to sustain a loss and the dishonest employee to obtain financial benefit
  2. Depositor's forgery: Covers loss due to forgery or alteration of checks, drafts, notes, etc., that are made or drawn by or drawn upon the insured, or made or drawn by one acting as the insured's agent
  3. Loss inside the premises: Covers loss of money or securities due to a covered loss inside the premises or a banking premises
  4. Loss outside the premises: As per the loss inside the premises, coverage applies only if money or securities are out side the premises in the care and custody of the insured. Coverage also is excess of any coverage an armored motor vehicle company has while money or securities are in their care, custody, and control.

**Major Exclusions  
(including but not limited to):**

1. Employee Dishonesty
  - a. Employee canceled under prior insurance
  - b. Inventory shortages (dependent on existence of an inventory computation or profit and loss computation)
  - c. Loss contributed to or caused by a partner
2. Depositor's forgery
  - a. Acts of employees, directors or trustees (covered under employee dishonesty)
  - b. Exchanges or purchases
  - c. Threat to do bodily harm
  - d. Loss of property while in custody or any armored motor vehicle company unless it is excess of amount recovered from the armored motor vehicle company
  - e. War

## COMMERCIAL CRIME INSURANCE, CONT'D.

### Major Exclusions, (including but not limited to) cont'd.:

3. All Crime:
  - a. Acts by the insured
  - b. Indirect losses
  - c. Legal expenses
  - d. Inventory shortages (dependent on existence of an inventory computation or profit and loss computation)
  - e. Potential income not realized
  - f. Cost, fees, and expenses incurred in establishing the loss

### Additional Information:

#### Definition of Employee

1. Any natural person:
  - a. In the insured's service (and up to 30 days after termination)
  - b. Compensated directly by salary, wages, or commissions
  - c. Whom the insured has the right to direct and control while performing services for you
2. Employee also includes any volunteer while performing services coming within the scope of duties of an employee.
3. Employee does not mean the following:
  - a. Agent, broker, factor, commission merchant, consignee, independent contractor, or representative of the same general character.
  - b. Director or trustee except while performing acts within the scope of the usual duties of an employee

### Note:

This insurance is canceled for any employee upon discovery by the insured of any dishonest act committed by that employee before or after becoming employed by the insured. Coverage can be reinstated only within the written consent of the carrier.

### Locations:

United States, including the District of Columbia

### Claims Procedures:

See the claims section, page 49, for specific instructions

# CLAIMS PROCEDURES

# COMMERCIAL PROPERTY CLAIMS PROCEDURE

**Carrier:** Lexington Insurance Company

**Policy Number:** 18194209

**Basic Deductible:** Under \$250,000 in coverage \$100 until 4/30/12  
\$1,000 on/after 5/1/2012

\$250,000 or more in coverage \$250 until 4/30/2012  
\$2,500 on/after 5/1/2012

**Theft/Vandalism Claims:** Same deductible schedule as above

**Earthquake/Flood/  
Windstorm (Hurricane):** See property section for details, pages 17 & 18.

**Claims Administrator:** York Risk Services

**To Report a Claim:** Call the administrator direct at any time, 24 hours a day, 7 days a week:

**866-391-YORK (9675)**

Provide the following information:

1. ICFG/Foursquare **client number: 5421**
2. Organization legal name
3. Organization ID number
4. Date, time and location of incident
5. Extent of damages, and estimated cost to repair or replace
6. What caused the damage
7. For theft claims:
  - a. List of items taken, with make, model and price
  - b. Police report

**Note:** The Foursquare Insurance Services Department may require a letter from the organization outlining the preventative measures that have been implemented as a result from the theft/vandalism.

# COMMERCIAL GENERAL LIABILITY CLAIMS PROCEDURE

**Carrier:** Ace American Insurance Co.  
**Policy Number:** CGO G23742524  
**Deductible:** None  
**Claims Administrator:** ESIS  
**To Report a Claim:** Call the administrator direct at any time, 24 hours a day, 7 days a week:

866-270-3343

Provide the following information:

1. Your name
2. Legal organization name
3. Organization ID number
4. Date, time and location of incident
5. Extent of damages
6. Name and address of authorities contacted
7. Name and address(es) of witness(es)
8. Name and address of attorney on record, if retained
9. Provide description of the incident

**Special Note:** General liability claims will sometimes involve litigation ("Summons and complaint," "You are being sued.") If your organization has been served it is imperative that you contact the corporate legal counsel at 213-989-4211 immediately for additional instructions, and send any communication from an attorney to corporate legal counsel.

**Sexual Misconduct Claim/  
Accusation/Allegation:** A report must be made immediately to the Foursquare claims administrator and corporate legal counsel. The policy prohibits the local organization from handling this matter on its own.

## ABUSE AND MOLESTATION LEGAL ISSUES

If your organization has been notified of an allegation of sexual misconduct or abuse, regardless of whether a lawsuit has been filed or not, it is imperative that you notify one of the following persons immediately:

Foursquare Insurance Services Manager:	213-989-4402
Foursquare Claims Administrator:	213-989-4403
Corporate Legal Counsel:	213-989-4211

Any inquiries from news media should be immediately referred to the corporate Legal counsel for response. Do not admit liability.

If this involves an adult/minor, for more information please refer to the *Foursquare Child and Youth Protection Policy Manual*.

# COMMERCIAL VEHICLE CLAIMS PROCEDURE

**Carrier:** **Comprehensive/Collision:** Self-funded through Foursquare Insurance Services  
**Liability:** ACE American Insurance Co

**Policy Numbers:** **Comprehensive/Collision:** NONE  
**Liability:** SCA H08245551

**Claims Administrator:** **Comprehensive/Collision:** Crawford & Company  
**Liability:** ESIS

## To Report a Vehicle Physical Damage Claim: (Comprehensive & Collision)

Call the administrator direct at any time, 24 hours a day, 7 days a week:

877-346-0300

Or email:

[claimsalert@us.crawco.com](mailto:claimsalert@us.crawco.com)

Provide the following information:

1. The legal name of the organization
2. Organization ID number
3. Date, time and location of the accident
4. Year, make, model of the vehicle
5. Name of the driver
6. Extent of the damages the organization's vehicle
7. Other important details, such as how the accident occurred, injuries, or fatalities
8. If another vehicle was involved provide the following:
  - A. Name of the driver
  - B. Year, make and model of the vehicle
  - C. Insurance data
  - D. Extent of damages

## To Report a Vehicle Liability Only Claim:

Call the Foursquare claims administrator: 888-635-4234, ext: 4403

**Note:** It may be necessary to secure a police report, and a repair estimate for the church vehicle.

**Special Note:** If the incident involves both comprehensive/collision and liability, two claims will be necessary. If this is the case, you will be informed at the time of the initial call.

# WORKERS' COMPENSATION & EMPLOYER'S LIABILITY CLAIMS PROCEDURE

**Carrier:** ACE American Insurance Co.  
**Policy Number:** RWC C46458060  
**Claims Administrator:** ESIS  
**To Report a Claim:** Call the administrator direct, 24 hours a day, 7 days a week:

866-270-3343

Provide the following information:

1. Your name
2. Organization legal name
3. Organization code number
4. Name, address, phone number of injured worker
5. Social Security number of injured worker
6. Age, sex, marital status of the injured worker
7. Number of dependents the injured worker has
8. Date of hire and number of years in current position
9. Current wage information
10. Date, where and how the injury occurred
11. Date the injury was reported to the church
12. Type of injury sustained
13. Exact body part injured
14. Names of witnesses
15. Name and address of physician and/or hospital
16. Anticipated return to work date (if known)
17. Estimated number of days the worker will lose due to injury (if known)
18. Any reason(s) to dispute this injury

**Special Note:** It is extremely important that all Workers' Compensation claims be reported immediately. Delays in reporting can subject the organization to fines and penalties imposed by their respective states.

# ACTIVITIES (SECONDARY MEDICAL PAY) CLAIMS PROCEDURES

**Carrier:** National Union Fire Insurance Co. of Pittsburgh PA

**Policy Number:** SRG 0009104952-A

**Deductible:** \$100 per claim.

NOTE: This is the responsibility of the local church to pay.  
The carrier will advise as to whom this amount is payable.

**Coverage:** Secondary medical/dental insurance coverage for injuries sustained by participants in official church events, such as sports events, social events, religious services, church work days, etc. This coverage is secondary to the injured person's health insurance, if any.

NOTE: If your church participates in an inter-church sports league, the activities coverage is extended to members of your team only, not to team members from other churches, regardless of whether the event was held on the church's premises.

**Requirements:** The following criteria must be met on all claims, no exceptions:

1. The event at which the injury was sustained must be church sponsored and/or sanctioned
2. The claim must be reported within twenty (20) days of the accident or as soon as possible
3. Medical treatment must commence within ninety (90) days of the accident

**Claims Administrator:** AIG Claim Services

**To Report a Claim:** Call the administrator direct at:  
800-551-0824

Provide the following information:

1. Name of Group: International Church of the Foursquare Gospel
2. Policy Number: SRG-0009104952-A

Claim forms, along with instructions, will be sent to the church.

**Claim Form  
Completion Instructions:**

1. Forms must be completed and signed in the applicable signature fields.
2. The policy holder representative is the senior pastor or other designated staff member.
3. The claim must be filed with the primary health/medical insurance carrier, if the person has health insurance, an explanation of benefits (EOB) from that carrier must be submitted with the claim forms.
4. If the injured party does not have health/medical insurance, a letter stating this must be submitted on the part of the claimant, or parent/guardian of the claimant.
5. All medical bills must be itemized and on a UB-92 Form. Most medical offices will have this form, and a copy is also included with the claims forms.

## DIRECTORS AND OFFICERS AND EMPLOYMENT PRACTICES CLAIMS PROCEDURE

**Carrier:** National Union Fire Company of Pittsburgh, PA

**Policy Number:** 14253670

**Deductible:** Directors and Officers: \$100,000  
Employment Practices Liability: \$100,000

**Claims Administrator:** Foursquare Claims Administrator

**To Report a Claim:** Call the claims administrator direct:

1-(888)-635-4234, ext. 4403

Send a copy of the summons, complaint, or letter of representation to the following address, marked confidential:

Claims Administrator  
Foursquare Insurance Services Department  
P.O. Box 26902  
Los Angeles, CA 90026-0176

# CRIME CLAIMS PROCEDURE

**Carrier:** Stewardship Insurance, Ltd.  
**Policy Number:** SIL-011  
**Deductible:** 10% of the loss, with a \$500 minimum, whichever is greater.  
**Claims Administrator:** Foursquare Claims Administrator  
**To Report a Claim:** Call the administrator direct:

1-(888)-635-4234, ext. 4403

Provide the following information:

1. Organization legal name
2. Organization ID number
3. Approximate date and time of loss
4. How loss occurred
5. Approximate total loss
6. The police report on file
7. A completed audit of the church financial records done by a reliable accounting firm to establish value of loss  
NOTE: The organization reporting the claim is responsible for this audit
8. A letter outlining preventative measures that have been implemented

**Special Note:** The claim must be reported no later than one (1) year from the end of the current policy year. The policy year is November 1 to October 31 of the following year.