

PROPERTY/CASUALTY QUESTIONNAIRE

Date _____ Name of person completing form _____

Phone _____ Name of Church, School or CSC _____

Does your pastor or church broadcast on radio or T.V.? Yes _____ No _____ Explain (what, how often, length of program) _____

Do you have a low power FM station? Explain _____

Church _____

Address County Sq.Ft.

School _____

Address County Sq.Ft.

C.S.C. _____

Address County Sq.Ft.

House _____

Address County Sq.Ft.

Store _____

Address County Sq.Ft.

Storage Building _____

Address County Sq.Ft.

Other _____

Address County Sq.Ft.

Make sure that all structures are listed on the "Statement of Values" you received last year. If they are not, please give the following information for any additional structures:

Description of building

Date acquired/year built

Address

Type of construction

Building value

Square Footage

Do you have any property or buildings insured with any other insurance company other than through the Michigan Conference? Yes _____ No _____ If so, please explain which ones and with whom: _____

Do you have a church owned vehicle? Yes _____ No _____ Is it insured by Risk Management? Yes _____ No _____

You should have a copy of the Statement of Values from last year. Please take time to review it and place your comments on the lines provided or contact the conference office with your concerns. Typically, replacement cost is provided for each building unless depreciation exceeds 25% of replacement value. In that instance, actual cash value is applied. Or, an agreed maximum value is used when the building has a substantially lower market value than replacement or actual cash value.

Comments: _____

1. Do you have property belonging to others in your care, custody and control? Yes ____ No ____ If so, give details of item and its value: _____

2. Do you have church/school owned property at a location other than your church property? Yes ____ No ____ If so, give details of item and its value. If value is over \$10,000, additional coverage should be purchased. _____

3. Do you **lease any facilities FROM someone else**? Yes ____ No ____ Who do you lease **FROM**? _____ What is the address? _____
 Square feet _____ Is it the Church ____ School ____ C.S.C. ____ Other ____

4. Do you need **contents coverage** for items on leased premises? Yes ____ No ____ Value _____
 Where is it located? _____

5. Do you **lease any of your facilities TO someone else**? Yes ____ No ____ Who do you lease **TO**? _____
 Square feet _____ Which facility is it?
 Church ____ School ____ C.S.C. ____ Other ____

6. Does your church own any vacant land? Yes ____ No ____ If so, where is it located? _____
 _____ County _____ Size _____ Number of acres _____

7. Do you operate a Day Care Center? Yes ____ No ____ If so, where is it located? _____
 _____ Phone _____ Name of Director _____
 How many students enrolled in Day Care? _____ Do you have student accident insurance? Yes ____
 No ____ With what company? _____

8. Is your church planning any new construction, remodeling or refurbishing in the next year? Yes ____ No ____
 Please explain: _____

NOTE: If any construction is being planned, please contact the conference office to obtain proper insurance at least six weeks before construction begins.

9. Do you have **buildings that are vacant** and not being used regularly? Yes ____ No ____
 Where? _____. Vandalism and glass breakage losses are excluded from coverage when a building has been vacant for 60 days or more. In addition, reimbursement for loss will be reduced by 15%. These **vacant buildings must be reported.**

10. If you have an excessive amount of musical instruments, such as band instruments or pipe organs, they need to be individually scheduled. This does not include regular church organs/pianos. Please attach a list of items to be scheduled separately giving make, model and value.

11. Library books - any book valued at \$500.00 must be appraised and scheduled.

12. Do you have a mortgage? Yes ____ No ____ With whom? _____