

TRUSTEES REPORT 2017 Charge Conference
¶2550, 2016 Book of Discipline

Church _____ Charge and Church Number _____

1. Value of Church-owned Property and Amount of Insurance:

Name and Address of Insurance Carrier: _____

****Please attach a Certificate of Insurance from your insurance agent for the Property & Liability Coverage. **(Sample attached Form 11A)**

	<u>Present Value</u>	<u>Replacement Cost</u>	<u>Amount of Insurance</u>
Church Building	_____	_____	_____
Church Furnishings	_____	_____	_____
Other Property (Real Estate)	_____	_____	_____

2. How much liability coverage is there? _____

3. What is the date your coverage was last reviewed by the trustees? _____

4. Have buildings been inspected for fire hazards within the past year? _____

5. Does your church have a Worker's Compensation Policy with Church Mutual through Holston Conference Master Policy? _____ Yes _____ No. If you have Holston Conference Church Mutual Work Comp, no action is required. **** If no, please attach a Certificate of Insurance for Liability for the Worker's Comp coverage that you have in place ** (Sample attached Form 11B).**

NOTE: Beginning 1/1/2017, ¶2533 requires local church trustees to compare the church's insurance coverages to a schedule published by GCFA. This schedule is available on GCFA's website – www.gcfa.org to assist your congregation in obtaining adequate and appropriate coverage.

6. Is there a trust fund/endowment for building maintenance and improvement? _____

Amount? \$ _____

7. Are there trust funds/endowment for other purposes? _____

Amount? \$ _____

8. Who is the custodian of deeds and other legal papers? _____

9. Where are deeds and other legal papers kept? _____

10. Does each church deed have a trust clause? (¶ 2503) _____

11. Is there a church-owned cemetery? ___ Yes ___ No

If yes, is the cemetery managed by the church trustees? ___ Yes ___ No

If yes, does the church pay for its maintenance and upkeep? ___ Yes ___ No

Is there a trust fund/endowment for cemetery upkeep? ___ Yes ___ No If yes, amount \$ _____

Who is the Cemetery deeded to? _____

12. Does your church meet the requirements handicapped accessibility? ___ Yes ___ No * Date of Actions: _____

** If No, what actions are being taken to bring your church into compliance? _____

Chair or Secretary of Trustees _____ Date _____