

TRUSTEES REPORT 2018 Charge Conference
¶2550, 2016 Book of Discipline

Church _____ Charge and Church Number _____

1. Proof of the value of church property, liability, and sexual molestation/abuse coverages :

*****Please attach a Certificate of Insurance from your insurance agent for the Property & Liability & Sexual Molestation/Abuse Coverage.***** *****(Sample attached Form Accord 24).***
Please do not attach a policy.
You obtain the required information from your insurance agent.

2. Is your Workers Compensation with Church Mutual? Yes () (you do NOT need to attach anything)
If your Workers Compensation is not with Church Mutual **Please attach a Certificate of Insurance for Liability for the Worker's Comp coverage that you have in place ** *****(Sample attached Form Accord 25).***
You obtain the required information from your insurance agent.

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.

3. What date was your insurance coverage reviewed by the trustees, with your insurance agent, to ensure you have adequate coverage? _____

4. Date buildings were inspected by the trustees, for fire, slip and/or fall hazards? _____

5. Are all hazards found corrected? Yes () No ()

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** _____