

This handbook explains who to contact for answers to your questions, how to stay on top of your coverage, how to file a claim and request a Certificate of Insurance.

Below is your church identification number that you will need to refer to when calling for services and/or reporting a claim.

**CHURCH IDENTIFICATION
NUMBER:** _____

Managed by:

*WillisHRH
3 Copley Place/Suite 300
Boston, MA 02116
Phone 617.437.6900
Toll Free: 800.343.2896
Fax 617.351.7430*

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USING THIS HANDBOOK

We are committed to making your insurance program easy to understand and access. This handbook is intended to orient you to the Program. It explains who does what, where to turn for answers to your questions, how to stay on top of your coverage, and how to file a claim.

The Service Team at Willis is always happy to talk to you personally about the program and your insurance coverage. Our dedicated staff and your representatives are insurance professionals available to answer your questions and help solve problems.

The purpose of this handbook is to orient you to the Program; however, *it is not intended to offer legal or financial advice.*

Your insurance program includes:

- Property & Liability Insurance
- Boiler & Machinery Coverage
- General Liability
- Sexual Abuse, Molestation and Harassment Coverage
- Pastoral Counseling Coverage
- Cemetery Liability
- Umbrella (Excess) Liability Coverage
- Crime Coverage – Employee Dishonesty, Theft of Money and Securities
- Directors & Officers Insurance
- Employment Practices Liability
- Workers' Compensation Insurance
- Automobile Insurance Including Non-Owned Automobile Liability

This handbook does not replace or supersede the insurance policy nor does it include all of the benefits or limitations found in the policy. Consult your summary of coverage for particulars of your coverage. If further questions arise, contact the Diocesan Office or Willis.

CONTACT INFORMATION

☎ Province I/Diocese of Western Massachusetts Representative:

Name & Address:	Toll Free	1.800.332.8513
Steven Abdow or Susan Olbon	Phone No.	1.413.737.4786
37 Chestnut Street	FAX No.	1.413.746.9873
Springfield, MA 01103		

☎ Willis Client Advocate

Lorrie DeWerd

Direct Line: 617.351.7485 Fax: 617.247.1211 Email: [HYPERLINK](mailto:hyperlinkmailto:dewerd_l@willis.com)
mailto:dewerd_l@willis.com lorrie.dewerd@willis.com

☎ Willis Service Team

Asst. Client Manager – Deirdre Maloney

Direct Line: 617-351-7433

Email: [HYPERLINK "mailto:deirdre.maloney@willis.com"](mailto:hyperlinkmailto:deirdre.maloney@willis.com) deirdre.maloney@willis.com

Client Manager – Heather Philpott

Direct Line: 617-351-7540

Email: [HYPERLINK "mailto:heather.philpott@willis.com"](mailto:hyperlinkmailto:heather.philpott@willis.com) heather.philpott@willis.com

Sr. Client Manager - Leah Millett

Direct Line: 617.351.7488

Email [HYPERLINK](mailto:hyperlinkmailto:millett_le@willis.com) mailto:millett_le@willis.com leah.millett@willis.com

Claims Manager – Michael DiModica

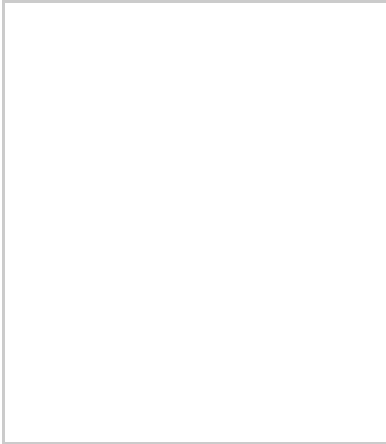
Direct Line: 617.532.9732

Email [HYPERLINK "mailto:michael.dimodica@willis.com"](mailto:hyperlinkmailto:michael.dimodica@willis.com)
michael.dimodica@willis.com

Claims Representative – Linda Wilson

Direct Line: 617.351.7583

Email [HYPERLINK "mailto:wilson_lj@willis.com"](mailto:hyperlinkmailto:wilson_lj@willis.com) wilson_lj@willis.com



WillisHRH
Three Copley Place, Suite
300
Boston, MA 02116
Toll Free:
1.800.343.2896
Main No.
617.437.6900
Fax:
617.247.1211

Claims(Property) GAB Robins North America

Toll Free Number	1-800-540-1164	
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Claims(Automobile & General Liability) Philadelphia Insurance Company

24 hour Toll Free Number	1-800-765-9749	
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Claims (Worker's Compensation): The Hartford

Toll Free Number	1-877-327-3636	
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Claims (Employment Practices Liability) Willis

Toll Free Number	1-800-234-8596	
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CHANGES AND SPECIAL EVENTS

YOU NEED TO NOTIFY WILLIS WHEN:

Property is under construction and/or renovation.

Policy has a \$5,000,000 limit of liability for this.

Higher limits can be made available when needed.

There is a change in your property value; new addition, sold building, new building, appraised value.

you want to add or delete what is being insured (i.e. premises or automobiles),

Property valued over \$500,000 in transit, such as organs undergoing repairs/renovation.

If you are having a special event unusual to normal church operations.

You are opening a day care center.

Something unusual comes up and you have a question about coverage.

Anytime you have a question or problem.

If you have any questions, please call your Willis Service Team at **1- 800- 343- 2896** and ask for Heather Philpott ([HYPERLINK "mailto:heather.philpott@willis.com"](mailto:heather.philpott@willis.com) heather.philpott@willis.com), or Deirdre Maloney ([HYPERLINK "mailto:deirdre.maloney@willis.com"](mailto:deirdre.maloney@willis.com) deirdre.maloney@willis.com).

NOTES:

Tenants, if applicable, of your facilities must provide their own liability and property insurance (refer to the requirements under section “Certificate of Insurance” that follow).

HOW TO REPORT A CLAIM

FILING A CLAIM

To facilitate your claim reporting process, use the checklist and incident report that follows to gather the specific information you need to provide when submitting a claim.

The secret to filing and closing a claim quickly and satisfactorily is to follow these simple steps (in this order):

It is important that all claims are reported IMMEDIATELY to the appropriate company in Step 5 below.

Have your **client identification number** available.

Have the policy that applies to the type of claim you are reporting.

<i>Coverage</i>	<i>Carrier</i>	<i>Policy Number</i>	<i>Eff. Dates</i>
Property	Lexington Insurance Co.	8757659	12/31/08-12/31/09
Boiler & Machinery	Lexington Insurance Co.	8757659	12/31/08-12/31/09
Automobile	Philadelphia Insurance Co.	PHPK370549	12/31/08-12/31/09
Workers Comp	The Hartford	08WEIU4856-WM	12/31/08-12/31/09
General Liability	Philadelphia Insurance Co.	PHPK370549	12/31/08-12/31/09
Crime	Great American Ins. Co.	SAA 375-67-09	12/31/08-12/31/09
Foreign Liability	AIU North America	WR10002017	12/31/08-12/31/09

Complete the checklist and have it on hand when you call in the claim. You are encouraged to not call your Province I representative unless there is a large claim as they generally do not become involved in claims.

The next step is critical: send the claims adjuster **all supporting documentation** for the claim as soon as possible. Your claims adjuster will specify exactly what needs to be mailed. For instance, there may be a police report, copies of invoices for repairs, insurance information from other involved parties, and whatever else the claims adjuster requests. Send documentation to:

Property Claims
Policy # 8757659

GAB Robins North America
Ten New England Business Center
Suite 105
Andover, MA 01810
Toll Free Number- **1-800-540-1164**
Fax# (978) 747-0006

All Worker's Compensation Claims
Policy # 08WEIU4856-WM

The Hartford
Northeast WC Claims Center
One Park Place
300 South State Street 7th Floor
Syracuse, NY 13201
Toll Free Number – **1-800-327-3636**
Fax: 877-536-3201

General Liability & Automobile Claims
Policy # PHPK370549

Philadelphia Insurance Companies
Attention: Claims Department
PO Box # 950
Bala Cynwyd, PA 19004-0950
Toll Free Number- **1-800-765-9749**

Employment Practices Liability
Policy # 009955680

Executive Risks:
Attn: Victor Corbo
7 Hanover Square
New York, NY 10004
Toll Free Number- **1-800-234-8596**

When your claim file is complete, a claims adjuster will be assigned to investigate and handle the claim. If you experience unnecessary delays or problems, please contact Linda Wilson at Willis 617.351.7583.

Note: If you have obtained the names of others who may be responsible for the loss and their insurance information, please offer it to the adjuster to use for investigation.

CLAIMS CHECKLIST

Before you call the insurance company to report a claim, there are several questions you need to be prepared to answer. The name of the account “Province I of the Episcopal Church”, the **name** of your church and its **Client Identification number**.

The old **who-what-where-when-how** formula sums up what claims adjusters need when processing a claim. Specifically:

Who did it or had something done to them? Names, addresses and telephone numbers should be included.

What happened? A detailed description is necessary. Draw a diagram, if this will help the adjuster understand the description better. In the case of a theft or automobile accident, call the police. You will be asked to provide a copy of the police report.

Where exactly did it happen?

When did it happen? Again, details are important.

Why did it happen - what was the cause?

Were there any witnesses – provide names and contact information.

Names are particularly important in automobile related claims. After car accidents, getting the names of other involved parties who may be responsible, and the names of their insurance companies, and the names, addresses and phone numbers of any witnesses, may save you the cost of the deductible.

For other support documentation, talk to your claims representative.

INSURANCE CLAIM INCIDENT REPORT

If additional space is needed, please attach a separate sheet.

Name:

Address:

Phone: _____ Contact Person:

Date of Incident: _____ Time: _____ Type:

Loss Location:

Claimant: _____ Phone:

Address:

Description of Incident:

Describe Injury:

Witness:

Name

Address

Phone

Comments:

Report Date: _____ Prepared By:

PROPERTY LOSS

The coverages provided in your Property policy are designed to protect your company from the financial impact associated with various types of direct physical loss or damage to your property, including damage to the building contents, structures and personal property.

IMPORTANT: *In the event of an occurrence, take these steps immediately:*

Do not discard any damaged property. The insurance carrier may need to inspect the scene and any damaged property.

Take pictures of the loss site if possible.

Take all reasonable steps to protect the property from further damage.

Preserve any evidence relating to the cause of the loss.

Notify the police if a “law” has been broken.

REPORTING A LOSS

Call the GAB Robins North America

Toll Free Number	1-800-540-1164
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The following is a list of information you will need when reporting your loss. However, **do not** hold up reporting the claim if you do not have all of this information.

YOUR INFORMATION

Company name, address and phone number

Contact person for insurance investigation purposes

CLAIM INFORMATION

Location of incident (street address and building name)

Date and time of loss

Estimated amount of loss

Cause of loss (fire, water, theft, vandalism, etc.)

LOSS INFORMATION

Describe the loss to the building and/or contents

Describe the extent of the damage

GENERAL LIABILITY LOSS

The coverages provided in your General Liability policy are designed to cover claims that may be the result of your company's services, operations, premises and products you sell or manufacture, just to name a few. Claims may involve activities that could result in injury (slip and fall on your premises) or property damage (a fire caused by a faulty valve you manufacture) to others. **Exceptions: This will not cover property damage due to an auto accident nor will it cover injuries to employees.**

IMPORTANT: *In the event of an occurrence, take these steps immediately:*

Secure medical assistance for any injured persons, if necessary.

Report the loss to your carrier AS SOON AS POSSIBLE

DO NOT ADMIT FAULT or offer any payment.

DO NOT DISCUSS the occurrence with anyone except the police or your insurance representative.

Never discuss your insurance policy with another party. Refer all questions to your insurance carrier.

Preserve any evidence related to the occurrence, such as a damaged product.

If possible, take photos of the scene immediately after the occurrence to show the conditions at the time of the accident.

Obtain witness names, addresses and phone numbers.

Should anyone receive a lawsuit relating to a General Liability claim or loss involving substantial property damage and/or severe bodily injury or death, contact the insurance company and Willis immediately. Otherwise report the claim directly to the insurance company.

REPORTING A LOSS

Report this incident directly to your insurance carrier.

The following is a list of information you will need when reporting your loss. However, **do not** hold up reporting the claim if you do not have all of this information.

YOUR INFORMATION	DAMAGE TO OTHER PERSONS/ PROPERTY
Company name, address and phone number Contact person for insurance investigation purposes	Name, address and phone # of other party(s) Describe the damage and/or any injury Estimate of damages?

CLAIM INFORMATION

Location of incident (street address and building name)

Description, date and time of the loss

Did the incident result in bodily injury, property damage?

Were the police called to the scene?

Witnesses? If yes, name(s), addresses, phone #

AUTOMOBILE LOSS

The coverages provided in your Automobile policy are designed to cover claims that arise out of injury or damage to property *of others* resulting from the maintenance, operation or use of an insured vehicle. You may also have selected coverage for damage to your automobiles. Your particular state law may dictate other types of coverage that are provided (no fault or uninsured/underinsured coverages).

IMPORTANT: *In the event of an occurrence, take these steps immediately:*

Secure medical assistance for any injured persons, if necessary.

Report the claim to your carrier AS SOON AS POSSIBLE

DO NOT ADMIT FAULT or offer any payment.

DO NOT DISCUSS the occurrence with anyone except the police or your insurance representative.

Never discuss your insurance policy with another party. Refer all questions to your insurance carrier.

Preserve any evidence related to the occurrence. If possible, take photos of the accident scene immediately after the occurrence to show the conditions at the time of the accident.

Obtain witness names, addresses and phone numbers.

Should anyone receive a lawsuit relating to an Auto claim or a loss involving substantial property damage and/or severe bodily injury or death, contact your adjuster and Willis immediately.

REPORTING A LOSS

Report this incident directly to your insurance carrier.

The following is a list of information you will need when reporting your loss. However, **do not** hold up reporting the claim if you do not have all of this information.

YOUR INFORMATION	DAMAGE TO OTHER PERSONS/ PROPERTY
Company name, address and phone number	Name, address and phone # of other driver(s)
Drivers name, telephone #, driver's license #	Vehicle; make, model, year, VIN and license plate number
Is the vehicle driveable?	Describe the damage and any injury
Where can the vehicle be viewed?	Is the other vehicle driveable?
Extent of vehicle damage	Extent of vehicle damage
Contact person for insurance investigation purposes	

ACCIDENT INFORMATION

Location, date and time of accident

Did the accident result in bodily injury? Property damage?

Were the police called to the scene? Was anyone cited?

Describe in detail how the accident occurred

Witnesses? If yes, name(s), addresses, phone #

WORKERS' COMPENSATION LOSS

The coverage provided in your Workers' Compensation policy is designed to cover employees who are injured or contract an occupational disease as a direct result of his/her employment. Providing Workers' Compensation Insurance is a statutory obligation and will be guided by your States specific laws. There are penalties that can be imposed upon an employer for late reporting of an occurrence, so make prompt reporting a high priority.

IMPORTANT: *In the event of an occurrence, take these steps immediately:*

Secure medical assistance for the injured person, if necessary.

Report the claim to your carrier AS SOON AS POSSIBLE

Preserve any evidence that may be applicable to the occurrence. If possible, photos should be taken at the scene immediately after the occurrence, to help show the conditions at the site of the occurrence.

Obtain witness names, addresses and phone numbers.

In the event of a severe injury or death, also contact Willis.

REPORTING A LOSS

Report this incident directly to your insurance carrier.

The following is a list of information you will need when reporting your loss. However, **do not** hold up reporting the claim if you do not have all of this information.

YOUR INFORMATION

Company name, address and phone number

Contact person for insurance investigation purposes

EMPLOYEE INFORMATION

Name, address, phone number, sex, marital status

Social Security number, date of birth

Total # dependents, total # dependent children

Name and address of the treating doctor / hospital

LOSS INFORMATION

Date, time, location and description of the incident/loss

Type of injury (cut, scrape, burn, etc.) Portion of the body injured

Job duties (bending, lifting, etc.)

Date employer notified

Last date employee worked

Witnesses

WAGE INFORMATION

Date of hire, full or part time, # of days worked in a week

Salary or hourly wage, hours worked per week

**WORKERS' COMPENSATION
Notice of Occurrence**

Account Name: Province I – Diocese of Western Massachusetts

Employee's Name:

Employee's Address and Home Phone No.:

Employee's Social Security No:

Employee's Age and DOB:

Male: _____ **Female:** _____ **Marital Status:**

Number of Dependents:

Employment Status: Department:

Date of Hire:

Full Time: _____ or Part Time:

Hourly Wage or Salary:

Hours Worked Per Week:

Date of Injury/Illness:

Who was Notified of Incident?:

Date Employer Notified of Incident?:

Place of Occurrence:

Description of Incident (How, Where, Why):

Type of Injury (Cut, Scrape, Burn):

Exact Part of Body Injured:

Return to Work Date:

Witness (Name, Address & Phone):

Name and Address of Physician/Hospital:

Miscellaneous or Other Information:

CERTIFICATES OF INSURANCE

When your facility is used for an activity not sponsored by you, you must require the sponsoring group have its own insurance. The sponsoring group should provide you with a Certificate of Insurance and an Endorsement naming you as an “Additional Insured.” This will help protect you in the event an accident occurs for which the sponsoring group is responsible.

Failure to obtain a Certificate of Insurance and Additional Insured Endorsement does *not* mean a lapse in your coverage. However, it could result in you being held legally liable for injuries or damages over which you had no control. Similarly, tenants renting your property, contractors working on your property, and bus companies you use should each be required to provide you with a Certificate of Insurance and an Additional Insured Endorsement. Remember, the fewer claim dollars paid by the insuring companies, the stronger our position is with them when negotiating insurance coverage terms and pricing.

REQUESTING CERTIFICATES

In order to request a certificate you should have the following information:

Certificate Holder’s complete address

Description of activity or event (i.e. name, date and location of event)

All requests should reference “Province I” as the account name.

The quickest way to request a certificate is via our website. Just follow these simple steps:

Logon to HYPERLINK <http://www.intellicerts.com> www.intellicerts.com

Click “Request” and complete the screen

Click “Submit”

Or you can call, fax or email:

Toll Free Phone: 877.945.7378

Fax 888.467.2378

Email address: certificates@willis.com

WAIVER OF INSURANCE

Below please find an example of a Waiver of Insurance that can be completed and signed by groups that meet on the premises but are unable to supply you with a Certificate of Insurance. This is one way of protecting you in the event an accident occurs for which the sponsoring group is responsible.

**_____Name of Group_____ shall indemnify, defend and hold harmless
_____Name of Church_____ and the Episcopal Diocese of CT and their
respective, officers, directors, employees, agents, and representatives harmless from
and against any and all claims, demands, causes of action, losses, liabilities, damages
and expenses (including reasonable attorney's fees and costs) arising out of or in
connection with any allegations brought against _____Name of
Church_____ and the Episcopal Diocese of CT and their respective, officers,
directors, employees, agents from and against any cost and expense (including
reasonable attorney's fees) arising out of the use of the premises or property of
_____Name of Church_____ by the undersigned.**

Province I of the Episcopal Church

#123296

Today's Date: _____ Requested by Loc # _____ Phone No. _____

REQUEST FOR CERTIFICATE OF INSURANCE

Certificate Holder:

Address:

City, State, Zip:

ATTENTION:

Name and Address of location requiring Certificate**

Church Name:

Address:

City, State, Zip:

ATTENTION:

****Certificate Center - Please issue certificate with Church information as Description of Operations.**

FORMCHECKBOX General Liability

FORMCHECKBOX Workers Compensation

FORMCHECKBOX Umbrella

FORMCHECKBOX Automobile Liability (*provide description below*)

FORMCHECKBOX Automobile Physical Damage (*provide description below*)

FORMCHECKBOX Property/Contents (*provide description below*)

FORMCHECKBOX Equipment (*provide description below*)

FORMCHECKBOX **Other:**

Description:

**FORMCHECKBOX Additional Insured (FORMCHECKBOX
GL/ FORMCHECKBOX Auto)**

**FORMCHECKBOX Loss Payee / FORMCHECKBOX
Mortgagee**

FORMCHECKBOX E-mail to Certificate Holder @

FORMCHECKBOX E-mail to Certificate Requester @

FORMCHECKBOX FAX to Certificate Holder @

FORMCHECKBOX FAX to Certificate Requester @

AUTOMOBILE CHANGE REPORTING FORM

Name of Church: _____ Date: _____

Address:

Number and Street

City, State and Zip Code

Contact Person: _____ Client ID#: _____

Telephone No.: _____ Fax No.: _____

Effective Date: _____ Liability ONLY: _____ Full

Coverage: _____

Description of the Automobile (Year, Make, Model, Vehicle Identification Number):

Delete:

Add:

miles		\$		\$		
Radius of Operation		Actual Cash Value		Cost New		Garaged at (City & Zip Code)

Number of Passengers

Use of Vehicle

Average Annual

Mileage

Driver Information:

Name:

Driver's License No.:

State of License: _____

Date of Birth:

Please attach copy of valid driver's license.

Lien Holder/Additional Insured Information:

Lien Holder:		Additional Insured:	
Loan No:			

Return Form To: WillisHRH, 3 Copley Place

Suite 300, Boston, MA 02116. FAX 617-351-7430 HYPERLINK

"mailto:heather.philpott@willis.com" heather.philpott@willis.com

PROPERTY CHANGE REPORTING FORM

To be used to report only: (Check applicable box)

Date:

Newly acquired locations

New Construction/Renovation

Locations that are sold or lease terminated

Adding or Deleting Scheduled Articles

Name of Church: _____ Client ID#: _____

Address:

Number and Street

City, State and Zip Code

Contact Person: _____ Email

Telephone No.: _____ Fax No.:

Add

Delete

Change

Effective date of change:

Property:

Location address:

(If different from above)

Description if under construction/renovation

Use of Building:

Construction Type: _____ Number of Stories:

Sprinklered? If so, what parts?

Square Footage: _____ Year Built:

Building Replacement Cost: \$ _____

Contents Replacement Cost \$ _____

Scheduled Articles:

Value:

Description:

(Attach an appraisal, bill of sale or other proof of value for scheduled articles)

Lien Holder:		Additional Insured:	
Loan No:			

Return Form To: WillisHRH, 3 Copley Place, Suite 300, Boston, MA 02116

FAX 617-351-7430

HYPERLINK "mailto:thomas.chinyani@willis.com"

heather.philpott@willis.com

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Phone #: 1-877-945-7378
FAX #: 1-888-467-2378

E-Mail : Certificates@Willis.com
Web Site: www.intellicerts.com

EMBED Word.Picture.8

All claims are subject to the terms and conditions of the policy, and this document serves only as a guide to assist you in gathering the necessary information so the insurance carrier can evaluate the loss.

EMBED CorelDraw.Graphic.7
FIRST AID

All claims are subject to the terms and conditions of the policy, and this document serves only as a guide to assist you in gathering the necessary information so the insurance carrier can evaluate the loss.

EMBED CorelDraw.Graphic.7

All claims are subject to the terms and conditions of the policy, and this document serves only as a guide to assist you in gathering the necessary information so the insurance carrier can evaluate the loss.

Province I of the Episcopal Church

THE EPISCOPAL DIOCESE OF WESTERN MASSACHUSETTS

2009 Insurance Program Handbook

All claims are subject to the terms and conditions of the policy, and this document serves only as a guide to assist you in gathering the necessary information so the insurance carrier can evaluate the loss.

EMBED CorelDraw.Graphic.7

All claims are subject to the terms and conditions of the policy, and this document serves only as a guide to assist

you in gathering the necessary information so the insurance carrier can evaluate the loss.

EMBED CorelDraw.Graphic.7

**Required
Coverages:**

EMBED MSPhotoEd.3

***Handling
Instructions***