



# The Presbytery of Carlisle

2601 N. Front Street, Ste. 107, Harrisburg, PA 17110

Phone: 717-737-6821 | Fax: 717-730-9137 | Web: [www.carlislepby.org](http://www.carlislepby.org)

## Church Indebtedness Report Form

**Deadline: February 5th, 2021**

**Note: Every Church *must* file a report even if the church has no indebtedness.**

Church \_\_\_\_\_

Person Reporting \_\_\_\_\_

Does your church have indebtedness?    Yes      No

**Please list mortgages, loans and credit lines below.**

### LOANS/MORTGAGE

Name of Lender	Date of Loan	Balance as of Dec. 31 <sup>st</sup> , 2019	Balance as of Dec. 31 <sup>st</sup> , 2020

### LINES OF CREDIT/CREDIT CARDS

Name of Lender	Credit Limit	Balance as of Dec. 31 <sup>st</sup> , 2019	Balance as of Dec. 31 <sup>st</sup> , 2020

If the church is in arrears on any payments, please indicate the amount.    \$ \_\_\_\_\_

**Please return this completed form to [treasurer@carlislepby.org](mailto:treasurer@carlislepby.org) by February 5, 2021.**

**Note: Please be sure to complete the *Church Insurance Coverage Report Form* on the reverse.**

# Church Insurance Coverage Report Form

**Deadline: February 5<sup>th</sup>, 2021**

**Note: Please provide the information requested even if nothing has changed since last year.**

Name of Church \_\_\_\_\_

Insurance Carrier \_\_\_\_\_

Agent's Name \_\_\_\_\_

Agent's address \_\_\_\_\_

Agent's phone and/or e-mail address \_\_\_\_\_

Do you have an appraisal of the church property?                      Yes                      No

By whom \_\_\_\_\_ Date of most recent appraisal \_\_\_\_\_

Total Value ..... \$ \_\_\_\_\_

Real Property ..... \$ \_\_\_\_\_

Furnishings..... \$ \_\_\_\_\_

Is this appraisal updated?                      Yes                      No

If yes, how frequently? \_\_\_\_\_

Is this appraisal for replacement value?                      Yes                      No

**Note: A church's insurance *must* include liability coverage for sexual misconduct. Without this coverage, the church will not be considered insured.**

We recommend the following minimum coverage for each congregation:

**Property**

Special Form	Agreed Amount (no coinsurance)
Replacement Cost	\$500 Deductible

**Crime**

Employee dishonesty and forgery - \$10,000 limit Money and Securities - \$1,000 on and off premises

**General Liability**

- \$1,000,000 occurrence with a \$3,000,000 aggregate
- \$5,000 premises medical payments
- \$250,000 occurrence with \$500,000 aggregate for sexual misconduct
- \$1,000,000 hired and non-owned auto liability
- \$1,000,000 directors and officers liability
- \$1,000,000 umbrella or excess liability

**Note: Please complete the *Indebtedness Information* on the reverse side of this form.**