



The Presbytery of Carlisle

2601 N. Front Street, Ste. 209, Harrisburg, PA 17110
Phone: 717-737-6821 | Fax: 717-730-9137 | Web: www.carlislepby.org

Church Indebtedness Report Form

Deadline: January 31st, 2025

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 st , 2022	Balance as of Dec. 31 st , 2023

LINES OF CREDIT/CREDIT CARDS

Name of Lender	Credit Limit	Balance as of Dec. 31 st , 2022	Balance as of Dec. 31 st , 2023

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

Please return this completed form to treasurer@carlislepby.org by January 31, 2025.

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

Church Insurance Coverage Report Form

Deadline: January 31, 2025

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.