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Seventh-day Adventist® Church  
SOUTHERN CALIFORNIA CONFERENCE

Risk Management

Ronda L. Harrison

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# How can Risk Management help you?

- Background checks
- Youth waivers
- Forms to File claims
- Campus Safety Resources

Where to find information?

[SCC.Adventist.Org](https://scc.adventist.org)

Department: Risk Management



- Asset Management
- Adventist Community Services
- Auditing
- Christian Books & Veggie Foods (Glendale ABC)
- Communication
- Education
- Human Resources
- Ministerial
- Planned Giving / Trust Services
- Public Affairs & Religious Liberty (PARL)
- Risk Management ←
- Senior Youth & Young Adult Ministries
- Treasury

What does it mean  
SEVENTH-DAY A

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# Church Manual

- *“Church should be a safe place to bring our children. Everyone involved in work with children who are minors must meet all Church and Legal standards and requirements.”*

(Church Manual, Edition 18, pp. 168-169)

# Is the Background process necessary?

- **YES!** Be a campus that provides a safe environment for YOUR kids and your neighbors'.
- **WHY?** NAD and SCC policies require participation.
- **WHO?** Anyone OVER 18 volunteering or employed to assist kids 17 and under is to participate in Background Process.
- **HOW?** SCC.Adventist.Org, Risk Management, Sterling button. (SCC has an **EXCLUSIVE** link.)

# How to access Sterling Background?

## SCC.Adventist.Org

In 2017, our primary focus was on the protection of our children. There are and will be guidelines, forms and policies to make our churches safer and more welcoming to our children and youth.

Additional information will also be included to assist our local churches to prepare for emergencies, prevent losses and recover from losses.

We hope these resources will be useful to you in situations when you, or your organization, face risks. Please feel free to contact us with any questions by calling us at (818) 546-8484 or emailing us at [riskmgmt@sccsda.org](mailto:riskmgmt@sccsda.org).

[Sterling Background Check \(Employees and Volunteers\)](#)



[Permission Slip for Minors for Approved Church Activities](#)

[Authorizations for Medical Treatment for Minors \(for use when traveling without parents\)](#)

[Certificate of Insurance \(COI\) Request](#)

# Accomplish THREE steps to complete:

1. Complete Child Protection training module & quiz (Do **NOT** choose Blood Pathogens)
  2. SUBMIT to authorize the background check
  3. PAY \$18+/- with credit card.
- Eligibility is good for three years.





# Updated church reports

- Audit your church participation report regularly
- Need an updated report? Request by Email
- **Risk.Mgmt@SccSda.org**

## Administration

### System Administration

- Users
- User Search
- Roles
- Profiles
- Locations
- Departments
- Communication Center
- System Setup

### Training Administration

- Online Training
- Live Training

### Reports

- Compliance Report
- Master Report
- Order Summary Report
- Renewal Report
- User Reports
- Training Reports
- Background Checks
- Required Documents
- Location Report

[Contact the Helpdesk](#)

## Filtered Background Check Report

### Filter criteria:

**Location:** ██████████  
**Dates:** through 07/28/21  
**Statuses:** Complete,Adjudicated

No records were found that meet your criteria.

# DON'T BE THIS CHURCH

## BE THIS CHURCH

## Administration

### System Administration

- Users
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- User Reports
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- Location Report

[Contact the Helpdesk](#)

## Filtered Background Check Report

### Filter criteria:

**Location:** BE THIS CHURCH  
**Dates:** through 08/16/21  
**Statuses:** Complete,Adjudicated

User	Verified Volunteers: L2	Verified Volunteers: L2
!	<a href="#">Adjudicated/ Eligible on 07/09/19</a>	<a href="#">Adjudicated/ Eligible on 07/26/19</a>
!	<a href="#">Adjudicated/ Eligible on 07/26/19</a>	<a href="#">Adjudicated/ Eligible on 07/26/19</a>
!	<a href="#">Adjudicated/ Eligible on 07/26/19</a>	<a href="#">Adjudicated/ Eligible on 07/26/19</a>
!	<a href="#">Adjudicated/ Eligible on 07/25/19</a>	<a href="#">Adjudicated/ Eligible on 07/25/19</a>
!	<a href="#">Adjudicated/ Eligible on 07/29/19</a>	<a href="#">Adjudicated/ Eligible on 07/29/19</a>
!	<a href="#">Adjudicated/ Eligible on 07/26/19</a>	<a href="#">Adjudicated/ Eligible on 07/26/19</a>
!	<a href="#">Adjudicated/ Eligible on 07/26/19</a>	<a href="#">Adjudicated/ Eligible on 07/26/19</a>
!	<a href="#">Adjudicated/ Eligible on 07/26/19</a>	<a href="#">Adjudicated/ Eligible on 07/26/19</a>
!	<a href="#">Adjudicated/ Eligible on 07/09/18</a>	<a href="#">Adjudicated/ Eligible on 08/01/19</a>
!	<a href="#">Adjudicated/ Eligible on 07/31/19</a>	<a href="#">Adjudicated/ Eligible on 08/01/19</a>
!	<a href="#">Adjudicated/ Eligible on 07/26/19</a>	<a href="#">Adjudicated/ Eligible on 08/01/19</a>
!	<a href="#">Adjudicated/ Eligible on 07/25/19</a>	<a href="#">Adjudicated/ Eligible on 08/01/19</a>
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!	<a href="#">Adjudicated/ Eligible on 08/06/19</a>	<a href="#">Adjudicated/ Eligible on 08/02/19</a>
!	<a href="#">Adjudicated/ Eligible on 07/25/19</a>	<a href="#">Adjudicated/ Eligible on 08/02/19</a>
!	<a href="#">Adjudicated/ Eligible on 07/29/19</a>	<a href="#">Adjudicated/ Eligible on 08/02/19</a>
!	<a href="#">Adjudicated/ Eligible on 08/05/19</a>	<a href="#">Adjudicated/ Eligible on 08/02/19</a>
!	<a href="#">Adjudicated/ Eligible on 07/29/19</a>	<a href="#">Adjudicated/ Eligible on 08/02/19</a>

NAMES  
COVERED  
TO  
PROTECT  
PRIVACY

# Reimbursement?

- Each local Church Board will determine if reimbursing participants.
- Your church is highly encouraged to reimburse. It is in essence a \$6 per year per participant investment in child safety on your campus.

# When to request Certificates of Insurance

## Excursion to another's property

- Municipal-owned arenas (i.e. parks, beaches, etc.)
- Pine Springs Ranch (Conference outside of SCC)

## Leased Copiers

## Rental facilities

How to request? In writing. Complete form on [SCC.Adventist.Org](https://www.scc.adventist.org)

# SCC.Adventist.org. Risk Management

riski

Sterling Background Check (Employees and Volunteers)

Permission Slip for Minors for Approved Church Activities

Authorizations for Medical Treatment for Minors (for use when traveling without parents)

Certificate of Insurance (COI) Request

Auto Loss – Claim Form

MEDICAL CLAIM – FOR CLAIMING INJURIES SUSTAINED

Short-Term Travel Summary

General Liability Claim Form

Property Liability Claim Form

Climbing / Rappelling Form

Surviving an Active Shooter Situation, L.A. County Sheriff's Department

# When to file a Property Liability claim?

SCC.Adventist.Org

Risk Management

Remember: \$10,000 Deductible per property, per incident.

File claim if claim may be at least \$5,000.

- As other factors are discovered, claim value may increase.
- If it is a valid claim, SCC partners with you for half of the deductible, with proven receipted payments not covered by insurance.

# Auto Insurance ???

EMAIL **Risk.Mgmt@SccSda.org**



1. Proof of purchase to **ADD** insurance

2. Proof of sale to **DELETE** insurance

[AdventistRisk.Org](http://AdventistRisk.Org)



# Safety Resources, Adventist Risk Management

The screenshot shows the website's navigation menu with 'SAFETY RESOURCES' highlighted in orange. Below the menu is a large orange banner with the text 'SAFETY RESOURCES' and 'Safety Resources' in smaller text. A red box highlights 'AdventistRisk.org' with a red arrow pointing to it. The main content area features a blue card titled 'Information Regarding COVID-19' with a background image of virus particles. To the right, a white sidebar lists various resource categories: CAMP, CHURCH, CHILDREN AND YOUTH, SCHOOL, RISK TRAINING CENTER, WILDFIRE, SAFETY SABBATH, SOLUTIONS NEWSLETTER, and WEBINARS AND VIDEOS. The website's footer is partially visible at the bottom.

A Wealth of information and resources. Updated regularly.  
ARM: Their ministry is to protect YOUR ministry.

# Communications:

- Questions?
- Concerns?
- COIs?
- Insurance?
- **EMAIL** Risk Management Department  
**Risk.Mgmt@SccSda.org**



**Thank you for making SAFETY  
on your campuses a priority.**

*Ronda L. Harrison*

Risk Management

Ronda L. Harrison

[RiskMgmt@SccSda.org](mailto:RiskMgmt@SccSda.org)

# Links

1. [SCC.Adventist.org](https://scc.adventist.org)
2. <https://scc.adventist.org/departments/asset--risk-management/asset-management/risk-management>
3. <https://www.adventistrisk.org/en-us/>
4. Email: **RiskMgmt@SccSDA.org**

# Risk Management Principles for Churches & Schools



Southern California Conference  
of Seventh-day Adventists

## Local Treasurers Training

October, 2021



Presenter: Arthur F. Blinci, ARM MBA

An iceberg floating in a blue ocean under a blue sky with white clouds. The top part of the iceberg is above the water, and the bottom part is submerged. The text 'Insurance' is on the top part, 'Risk Management' is on the submerged part, and 'Active Stewardship' is in the water to the right.

**Insurance**

**Risk  
Management**

**Active  
Stewardship**

# Risk Management means...



**SAFETY  
FIRST!**



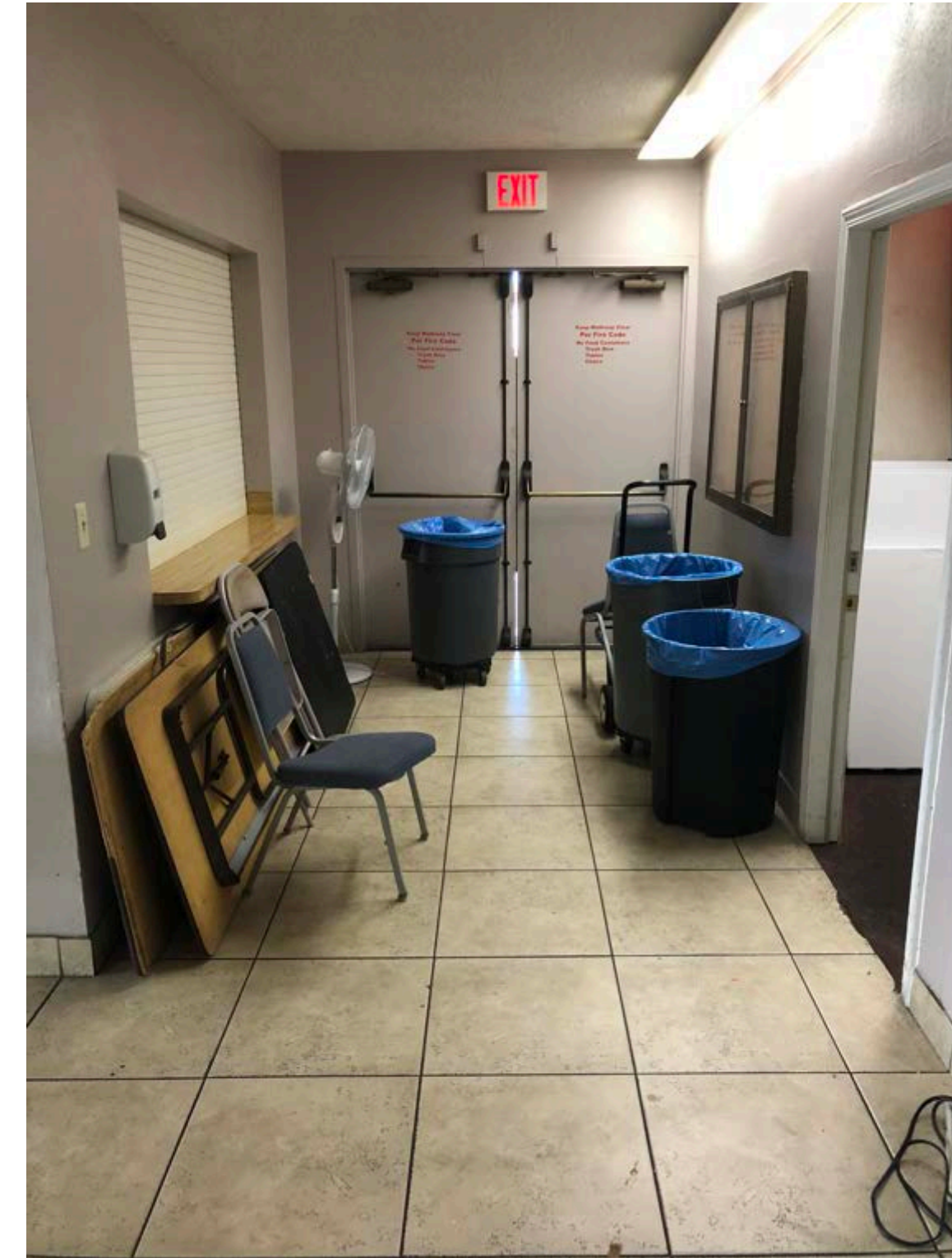
# #1

# Slips – Trips – Falls





# Life Safety 101– Means of Egress



**In times of Emergency...  
Seconds count**

# Work Projects at Churches and Schools



- Full, Part-time and Temporary Employees of SCC are covered under the Conference's Workers Compensation insurance
- Volunteers and Workbee workers are covered by Volunteer Labor and/or Accident Insurance carried by the Conference
- Provide & Require PPE for **ALL PARTICIPANTS**
- Minor age children are not allowed to operate hand power tools, landscaping motorized equipment nor should they be allowed to work on ladders or scaffolding above six (6) feet in height

# Maintenance Safety Hazards

- ✓ Slips, Trips and Falls
- ✓ Ladders/Working above Ground
- ✓ Proper Guarding on Power Tools
- ✓ Personal Protective Equipment
- ✓ Landscaping Safety
- ✓ Electrical Safety
- ✓ Proper Lifting Techniques
- ✓ Using Hazardous Materials
- ✓ Building Construction Projects
- ✓ Volunteer Workers at Workbees



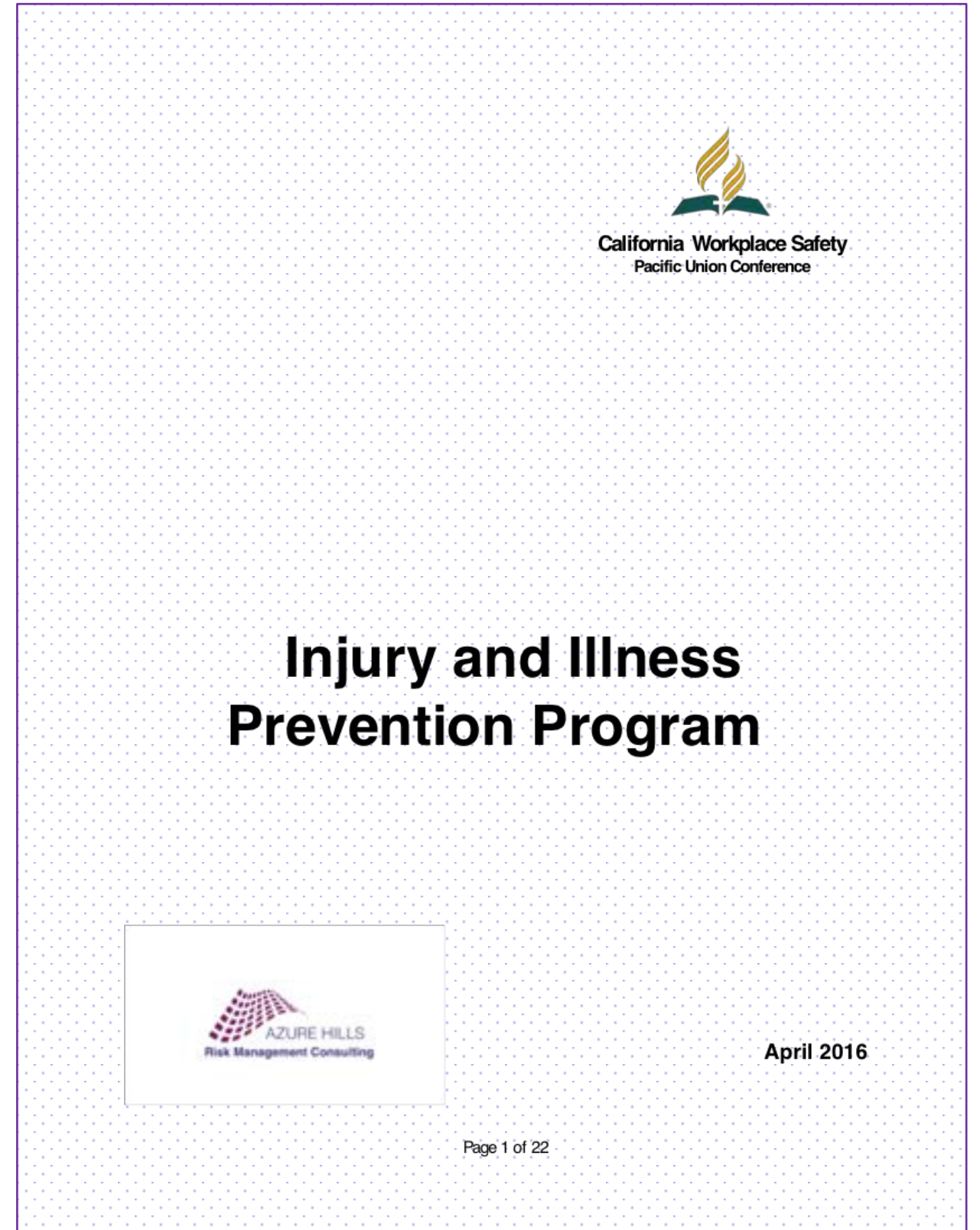
# From the Accident Files in California...



# Workers' Compensation



**REPORT WITHIN  
24 HOURS TO SCC  
HR OFFICE**



# Maintenance/Construction **Safety**

## **Building Contractors** Renovating

- ✓ Qualified Expertise
- ✓ Licensed, Bonded and **Insured**
- ✓ Obtain Insurance Certificates
- ✓ Reference Checks
- ✓ Contract pitfalls, have **them reviewed**
- ✓ Pay for only work **completed**
- ✓ Give reasonable **notice to members**
- ✓ Cordon off work area **use signage**
- ✓ Never leave hazards accessible
- ✓ Never leave work unfinished
- ✓ Assign professional work to Professionals





# Warning Signs & Cautions...

- ✓ **Unlicensed Contractors**
- ✓ **Invoice and Payee Different Names**
- ✓ **No Insurance Verification**
- ✓ **Allowing the Contractor to define the Scope of Work to be Performed**
- ✓ **Failure to compare the Scope detail in the Contractor's Bid with the Contract and/or Invoice**
- ✓ **Clarify meaning of Materials, Equipment and Finishes — Included, Install Only etc...**

# Contractor License Check

cslb.ca.gov — Private

DEPARTMENT OF CONSUMER AFFAIRS  
**CONTRACTORS**  
STATE LICENSE BOARD

Consumers Licensees Applicants Online Services Media Resources

Home | Online Services | Check A License

## Check a Contractor License or Home Improvement Salesperson (HIS) Registration

Look up a contractor license or Home Improvement Salesperson (HIS) registration to verify information, including complaint disclosure. Before hiring a contractor or signing a contract, CSLB recommends you read the [Hiring a Contractor](#) page.

License Number Business Name Personnel Name HIS Number HIS Name

Enter the contractor license number to check the status of their license.

Contractor License #

SEARCH

Online Services Quick Hits

- Check a License or HIS Registration
- Find My Licensed Contractor
- Frequently Asked Questions
- Forms and Applications
- Guides and Publications
- CSLB Laws and Regulations
- List of All CSLB Fees
- License Classifications
- Contractor Newsletter
- Application Status
- Application Status (Secured)
- Application Status by Personnel Name
- Application Status by Business Name
- CSLB Email Login

- **Verify the license status of both the General and all Sub-Contractors working on your job site**
- **Confirm that the Contractor has California Workers Compensation insurance**
- **Other helpful information on typical services a contractor should be providing**
- **Comprehensive General Liability Insurance for Contractors in California is not required by Law. The Construction Industry standard however is: \$1,000,000 limit w/\$2,000,000 aggregate limits.**

<https://www.cslb.ca.gov/onlineservices/checklicenseII/checklicense.aspx>



# Construction/Renovation Insurance Requirements

*North American Division  
of the  
General Conference*

## **WORKING POLICY**

**2020-2021**

**2. Construction Contracts—All construction contracts shall be carefully reviewed by the conference building committee for approval prior to the commencement of construction. Contract review should include careful consideration to the risks being assumed under the contract and the requirements for contractors and sub-contractors to provide adequate insurance protection.**

**3. Independent Construction Contractors—All independent construction contractors shall be required to maintain a minimum of \$3,000,000 limits of liability for major construction projects and a minimum of \$500,000 limits of liability for minor construction projects and shall provide evidence of coverage prior to commencement of construction on any denominational property. Wherever possible it is recommended to obtain higher limits of liability above the minimum limit as stated. Major construction projects would include, but not be limited to, building new structures or additions, structural changes or alterations to existing buildings, installation of heating and cooling equipment, electrical wiring, excavating, and demolition. Minor construction projects would include, but not be limited to, painting, roofing, plumbing, and floor covering. — S60 30**

**4. Independent Construction Contractors—All independent construction contractors shall be required to carry Workers' Compensation Insurance. Also, all independent construction contractors shall be required to file proof of such coverage prior to commencement of the construction on any denominational property. — S60 45**

# Lease & Cell Tower Agreements



- **General Use Lease Agreements:**
  - Importance to use the standard Lease Agreement provided by the Conference
  - Insurance/Liability Requirements
  - Indemnification Clauses
  - Force Majeure — What does this mean?
  - Length of Lease, Termination Clauses and Multiple Renewal Terms
- **Cell Tower Lease Agreements:**
  - Modification or Additions made to your facilities — e.g. Cell Tower Leases
  - Access to church or school property
  - Long Term Lease, Transferability, Multiple Renewal Terms



## Warning Signs & Cautions...

- ✓ **Uninsurable Lessees/Tenants**
- ✓ **No Insurance Verification of the Lessee**
- ✓ **Clearly defined Scope of Use and area(s) where Tenant's activities will take place**
- ✓ **Failure to use a Standard Lease Agreement**
- ✓ **Delinquent lease payments & Eviction laws**
- ✓ **Proper (legal) usage of the Leased facilities**
- ✓ **Failure to promptly notify tenant of damage**
- ✓ **Day Use, Short-Term vs Long-Term Lease**

# SCC Lease Agreements Insurance

The Lessee needs to provide evidence of Commercial General Liability Insurance that provides:

The amount of at least TWO MILLION DOLLARS (\$2,000,000.00) per occurrence with an annual aggregate of THREE MILLION DOLLARS (\$3,000,000.00). All general liability, property damage and fire policies shall name the \_\_\_\_\_ SEVENTH-DAY ADVENTIST CHURCH AND SOUTHERN CALIFORNIA CONFERENCE OF SEVENTH-DAY ADVENTISTS, THEIR OFFICERS, AGENTS, EMPLOYEES AND VOLUNTEERS, as additionally named insureds.

The Certificate of Insurance provided by the Lessee should state in the Description section:

Evidence of insurance for use of facilities located at: \_\_\_\_\_ Street, \_\_\_\_\_ CA 91206. \_\_\_\_\_ SEVENTH DAY ADVENTIST CHURCH AND SOUTHERN CALIFORNIA CONFERENCE OF SEVENTH DAY ADVENTIST, THEIR OFFICERS, AGENTS, EMPLOYEES, AND VOLUNTEERS are named additional insured.

The Certificate of Insurance should also provide the Lessor a written thirty (30) notice of cancellation for the policy.

The \_\_\_\_\_ SDA Church & Southern California Conference of Seventh-day Adventist should be listed as the Certificate Holder at the church address.

# Certificate of Insurance Requirements

*North American Division  
of the  
General Conference*

**WORKING  
POLICY**

**2020-2021**

<b>ACORD</b>		<b>CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YYYY)		
<p><small>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.</small></p> <p><small>IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).</small></p>						
<b>PRODUCER</b> Name of Insurance Agency		CONTACT NAME: PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____ INSURER(S) AFFORDING COVERAGE: _____ NAIC #: _____ INSURER A: _____ INSURER B: _____ INSURER C: _____ INSURER D: _____ INSURER E: _____ INSURER F: _____				
<b>INSURED</b> Name of Leasee or Contractor		CERTIFICATE NUMBER: _____ REVISION NUMBER: _____				
<p><small>THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.</small></p>						
INSR LTR	TYPE OF INSURANCE	ADDITIONAL SUBROGATION WAIVED	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER: _____	<input checked="" type="checkbox"/>				EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ _____ MED EXP (Any one person) \$ _____ PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMPIOP AGG \$ <b>2,000,000</b> \$ _____
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ _____ BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____ \$ _____
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED: _____ RETENTION \$ _____					EACH OCCURRENCE \$ <b>1,000,000</b> AGGREGATE \$ <b>2,000,000</b> \$ _____
	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A				<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ <b>1,000,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)						
Description of Leased premises/facility or the name of the construction project and address. Additional Insured: _____ Seventh-day Adventist Church and Southern California Conference of Seventh-day Adventists, its officers, employees and agents are named as additional Insureds.						
<b>CERTIFICATE HOLDER</b> Name of Church or School Southern California Conference of Seventh-day Adventists Location Address				<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE		



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
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**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.**

**IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).**

PRODUCER  <div style="text-align: center; font-size: 1.2em; font-weight: bold;">Name of Insurance Agency</div>	CONTACT NAME: PHONE (A/C, No, Ext): <span style="float: right;">FAX (A/C, No):</span> E-MAIL ADDRESS: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A :</td> <td></td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A :		INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A :															
INSURER B :															
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															
INSURED  <div style="text-align: center; font-size: 1.2em; font-weight: bold;">Name of Leasee or Contractor</div>															

### COVERAGES

**CERTIFICATE NUMBER:**

**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS														
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<b>X</b>					<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>EACH OCCURRENCE</td> <td style="text-align: right;">\$ <b>1,000,000</b></td> </tr> <tr> <td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>MED EXP (Any one person)</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>PERSONAL &amp; ADV INJURY</td> <td style="text-align: right;">\$ <b>1,000,000</b></td> </tr> <tr> <td>GENERAL AGGREGATE</td> <td style="text-align: right;">\$ <b>2,000,000</b></td> </tr> <tr> <td>PRODUCTS - COMP/OP AGG</td> <td style="text-align: right;">\$ <b>2,000,000</b></td> </tr> <tr> <td></td> <td style="text-align: right;">\$</td> </tr> </table>	EACH OCCURRENCE	\$ <b>1,000,000</b>	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	MED EXP (Any one person)	\$	PERSONAL & ADV INJURY	\$ <b>1,000,000</b>	GENERAL AGGREGATE	\$ <b>2,000,000</b>	PRODUCTS - COMP/OP AGG	\$ <b>2,000,000</b>		\$
EACH OCCURRENCE	\$ <b>1,000,000</b>																				
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	\$																				
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO						<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>COMBINED SINGLE LIMIT (Ea accident)</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>BODILY INJURY (Per person)</td> <td style="text-align: right;">\$</td> </tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$	BODILY INJURY (Per person)	\$										
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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	<b>X</b>					EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ <b>1,000,000</b> \$ \$ \$ <b>1,000,000</b> \$ <b>2,000,000</b> \$ <b>2,000,000</b> \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$ \$ \$
	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE AGGREGATE	\$ <b>1,000,000</b> \$ <b>2,000,000</b> \$
	<input checked="" type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$ <b>1,000,000</b> \$ <b>1,000,000</b> \$ <b>1,000,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**Description of Leased premises/facility or the name of the construction project and address.**  
**Additional Insured: \_\_\_\_\_ Seventh-day Adventist Church and Southern California Conference of Seventh-day Adventists, its officers, employees and agents are named as additional Insureds.**

# Questions & Contact Information

Arthur F. Blinci, Senior Risk Management Consultant  
Azure Hills Risk Management Consulting

Arthur@azrmc.com (909) 556-2279

The information contained in this presentation is based on general risk management principles and does not constitute an endorsement by Azure Hills Risk Management Consulting of any product(s), service(s) or course of action. It is the responsibility of the attendee to make their own decision regarding reliability and the best course of action to follow. Be advised that all organizations should seek qualified legal counsel whenever dealing with matters addressed in this presentation.

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	<b>Name of Insurance Agency</b>	CONTACT NAME:	
		PHONE (A/C, No. Ext):	FAX (A/C, No):
		E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	
		NAIC #	
INSURED	<b>Name of Leasee or Contractor</b>	INSURER A :	
		INSURER B :	
		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	

**COVERAGES**

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X					EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b> MED EXP (Any one person) \$ <b>10,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b> \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ <b>1,000,000</b> AGGREGATE \$ <b>2,000,000</b> \$
X	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ <b>1,000,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>

**SAMPLE CERTIFICATE**

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**Description of Leased premises/facility or the name of the construction project and address.**

**Additional Insured:** \_\_\_\_\_ **Seventh-day Adventist Church and Southern California Conference of Seventh-day Adventists, its officers, employees and agents are named as additional Insureds.**

**CERTIFICATE HOLDER****CANCELLATION**

**Name of Church or School**  
**Southern California Conference of Seventh-day Adventists**  
**Location Address**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE