so fulfill the law of Christ."

Galatians 6:2

MinistryFirst

Page 1 of 1

### AGREEMENT

In return for the payment of the premium and subject to all the terms of the policy, we agree to provide the insurance stated in the policy.

## COMMON POLICY DECLARATIONS

NAMED INSURED

Policy Number: 36M9A0330604

INTERACT MINISTRIES 31000 SE KELSO RD

Renewal of: 36M9A0330604

BORING

OR 97009

POLICY **PERIOD** 

3 YEAR(S) FROM

08/12/12 **TO** 08/12/15 12:01 A.M.

AT DECLARED PREMISES

TYPE OF OPERATION: Denominational Hdqtrs Office

FORM OF ORGANIZATION: CORPORATION

This policy consists of the following coverage parts for which a form number is indicated.

**BASIC** POLICY **FORMS**  FORM NAME

FORM NO.

FORM NAME

FORM NO.

Intro-Table of Contents

Common Policy Conditions CL100 1.0 CP1 1.0

Amendatory Endorsement General Conditions Prop CL300 1.0 BCP100 3.0

System Equip Breakdown

BSEB100 2.2

Commercial Liab Coverage GL100 1.0

BCL301 1.0 BN1B 1.0

BN11A 1.1

CL0136 11 05

GL0434 03 02

BCL9660R 1.0

LOC/BLDG

BCL1000R 1.1

BN6ADXOR 3.0

**OCCUPANCY** 

**SCHEDULE** OF LOCATIONS 0101 31000 SE KELSO RD 0102 31000 SE KELSO RD 0103 31000 SE KELSO RD

BORING OR BORING OR BORING OR

**DECLARED PREMISES** 

OFFICE DWELLING GARAGE

ANNUAL PREMIUM: \$

3,720

PAYMENT PLAN: ANNUAL

Terrorism Premium Charge: \$

34.00 - See Notice Form BN-6-A-DXOR

This premium is subject to adjustment at each Anniversary.

This premium is subject to adjustment due to premium audit provision.

COUNTERSIGNED

AUTHORIZED REPRESENTATIVE

DATE

AGENCY / AGENT NO.

JAMES REED & ASSOC INS INC OR 97317

SALEM

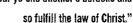
CP1 (03/06)

503-588-8229

The Home Office Address of Brotherhood Mutual Insurance Co. is P.O. Box 2227, Fort Wayne, IN., 46801-2227 120625

#3600-001

Page



Galatians 6:2 l of l

Named Insured:

INTERACT MINISTRIES

# **COMMERCIAL PROPERTY DECLARATIONS**

Policy Number: 36M9A0330604

Policy Period: 08/12/12 TO 08/12/15

We provide the Commercial Property coverage at the declared premise(s) for the coverage and limits indicated. The Coverages listed herein are provided, subject to the terms of the designated coverage form, and any other applicable forms or endorsements.

Property Deductible: \$500

(Excl. EQ and Opt. Coverages - See Below)

Glass Deductible:

SCHE	SCHEDULE OF BUILDINGS AND PERSONAL PROPERTY							
LOC & BLDG	TYPE OF PROPERTY	LIMIT OF INSURANCE	COINSURANCE	EQ DED	VALU- ATION	AUTO INCR	PERIL FORM	
0101	OFFICE BLDG	408,000	AGREED AMT	N/A	RC	4%	BCP850R 3.0	
0101	OFFICE PERS PROP	297,000	AGREED AMT	N/A	RC	4%	BCP850R 3.0	
0102	DWELLING BLDG	33,000	AGREED AMT	N/A	ACV	4%	BCP850R 3.0	
0103	GARAGE BLDG	28,000	AGREED AMT	N/A	RC	4%	BCP850R 3.0	

RC=REPL COST ACV=ACT CASH VAL

CP111 1.0

LOC &		LIMIT OF	DEDUCTIBLE	
BLDG ALL	DESCRIPTION OF COVERAGE Emp Dishonest	INSURANCE 2,500	AMOUNT N/A	FORM NUMBER BCP37A 3.0
ALL	Sewer/Drain	See Form	\$500	BCP135 2.2
ALL	Prop Protect+	See Form	\$500	BCP27AOR 3.0
ALL	Sys Eq Bkdwn		\$500	BSEB100 2.2
ALL	Interior Dmg	See Form	\$500	BCP49 1.1
ALL	Broad Ext Exp	100,000	N/A	BCP12BOR 1.1
ALL	Terrorism	766,000	\$500	BCL0600XOR 3.

## MORTGAGEES / ADDITIONAL INTERESTS

BN12V 1.0

OTHER PROPERTY FO	ORMS				
BCP03900R 1.0	BCP0643 01 08	BCP12G 2.2	BCP500 1.0	BCP88OR 2.2	

CP0171 10 08

BN27 1.1

EX0651XOR 3.0

BN100 1.0



## **COMMERCIAL LIABILITY DECLARATIONS**

Page 1 of 1

Named Insured:

INTERACT MINISTRIES

Policy Number: Policy Period: 36M9A0330604 08/12/12 - 08/12/15

The Coverages listed herein are provided subject to the **terms** of the designated coverage form and any other applicable forms or endorsements. Only one liability coverage and one medical coverage will apply to an **occurrence** and any **related loss**. Any **limit** which is specifically stated within a coverage form or endorsement represents the most we will pay for the coverage to which such **limit** applies. For application of **limits**, see Liability and Medical Coverage form (BGL-11).

#### SCHEDULE OF LIMITS

POLICY LIMITS	GENERAL OCCURRENCE LIMIT (\$) 1,000,000	GENERAL AGGREGATE LIMIT (\$) 2,000,000
	1,000,000	2,000,000

PRINCIPAL COVERAGES	(Coverage Designation	) FORM		COVERAGE LIMIT (\$)	COVERAGE AGGREGATE LIMIT (\$)
Bodily Injury/Property Damage Liab	o. (L)	GL100	1.0	1,000,000*	2,000,000*
Medical Payments	(M)	GL100	1.0	5,000*per person	2,000,000*
Products/Completed Work	(N)	GL100	1.0	1,000,000*	2,000,000*
Fire Legal Liability	(O)	BGL951OR	3.0	300,000*	600,000*

ADDITIONAL COVERAGES/INCLUDED	FORM	COVERAGE LIMIT (\$)	COVERAGE AGGREGATE LIMIT (\$)
Denominational Headquarters	BGL570R 2.2	1,000,000*	2,000,000*

ADDITIONAL COVERAGES/OPTIONAL	FORM	COVERAGE LIMIT CO (\$)	OVERAGE AGGREGATE LIMIT (\$)
Counseling Acts	BGL63OR 2.2	1,000,000*	2,000,000*
Directors & Officers	BGL81OR 2.2	1,000,000*	2,000,000*
Nonowned Property Damage	BGL951OR 3.0	300,000*	600,000*
Sexual Acts (With Screening)	BGL61OR 3.1	500,000*	500,000*
Nonowned/Rented Vehicle	BGL71OR 2.2	1,000,000*	2,000,000*
Nonowned Vehicle Medical	BGL778OR 2.3	5,000*Per Perso	n 2,000,000*
Computer Related Liability	BGL87OR 2.3	50,000*	100,000*
Ministry Operations	BGL25BOR 1.0	1,000,000*	2,000,000*
Clergy Accidental Death Benefit	BGL998 3.0	15,000*Per Perso	on 2,000,000*
Religious Communication	BGL65 2.2	1,000,000*	2,000,000*
Discriminatory Acts Liability	BGL67 3.0	1,000,000*	2,000,000*
Terrorism - Covered Acts	BGL0250XOR 3.1	1,000,000*	2,000,000*
Benefits Administration	BGL830R 2.2	1,000,000*	2,000,000*
Defense Reimbursement	BGL890R 2.3	See Form BGL89	See Form BGL89
Wage Reimbursement	BGL99OR 3.0	2,000*Per Perso	n 2,000,000*





## COMMERCIAL LIABILITY DECLARATIONS

Schedule of Additional Information

Page 1 of 3

Policy Number:

36M9A0330604

Policy Period: 08/12/12 - 08/12/15

OTHER LIABILITY AND MEDICAL FORMS

BGL100Al 2.2 EX0281X 3.1 BGL110R 2.4 EX909 1.0 BGL613 1.0 GL0163 01 08 BN998 1.0 GL0950 12 99 CPR71 GL890 1.0

ADDITIONAL INSURED(S) - For Principal Coverage L. (Not including Excess Liability Coverage)

RELATED ORGANIZATION(S) / OPERATION(S) - For designated Related Coverages.

### SCHEDULE OF LIABILITY EXPOSURES

In issuing this policy, **we** have relied on material information provided to **us** by **you**. The following schedule discloses all of your insurable exposures known to exist at the policy inception date as conveyed by **you**. Declared premises must be owned, occupied, or rented by **you** or **your** scheduled related organizations.

Exposure Classification		Code		ng Basis
			Code	Quantity
**CHURCH		08101	a	5,060
DWELLINGS - ONE-FAMILY - LESSOR	S RISK	01003	đ	1
**CHURCH		08101	a	2,500
Chignik Bay	Chignik	Bay	A	K
**CHURCH		08101	a	600
Perryville	Perryvil	.le	A	K
**CHURCH OFFICE		08101	a	1,000
16453 E Clark Rd	Palmer		A	K
**FELLOWSHIP HALL RATED AS CHURCH		08101	a	3,000
16453 E Clark Rd	Palmer		A	K
**WAREHOUSE RATED AS CHURCH		08101	a	4,000
16453 E Clark Rd	Palmer		A	K
**CHURCH		08101	a	1,000
Grayling	Grayling	İ	A	K
**CHURCH		08101	a	800
Ruby	Ruby		A.	K
**CHURCH		08101	a	700
Tanana	Tanana		A	K
DWELLINGS - ONE-FAMILY - LESSOR	S RISK	01003	đ	6





## COMMERCIAL LIABILITY DECLARATIONS

Schedule of Additional Information

Page 2 of 3

Policy Number: Policy Period:

36M9A0330604 08/12/12 - 08/12/15

OTHER LIABILITY AND MEDICAL FORMS

ADDITIONAL INSURED(S) - For Principal Coverage L. (Not including Excess Liability Coverage)

RELATED ORGANIZATION(S) / OPERATION(S) - For designated Related Coverages.

### SCHEDULE OF LIABILITY EXPOSURES

In issuing this policy, **we** have relied on material information provided to **us** by **you**. The following schedule discloses all of your insurable exposures known to exist at the policy inception date as conveyed by **you**. Declared premises must be owned, occupied, or rented by **you** or **your** scheduled related organizations.

Exposure Classification	<u>.</u>	<u>Code</u>	Rating Code C	
16453 E Clark Rd B5	Palmer		AK	
16453 E Clark Rd B6	Palmer		AK	
16453 E Clark Rd B7	Palmer		AK	
16453 E Clark Rd B8	Palmer		AK	
Lot 5 Block 5	Grayling		AK	
6048 Chevigny St	Anchorage		AK	
DWELLINGS - TWO-FAMILY - LESSOR	S RISK	01007	đ	4
16453 E Clark Rd 2A/B	Palmer		AK	
16453 E Clark Rd 4A/B	Palmer		AK	
16453 B9	Palmer		AK	
6040 Chevigny St	Anchorage		AK	
DWELLINGS - THREE-FAMILY - LESS	ORS RISK (	01011	đ	1
16453 E Clark Rd 10A/B/C	Palmer		AK	
LAND - NOC	;	30370	1	1
Shageluk	Shageluk		AK	
OFFICES - NOC	(	04504	a	300
OUTREACH MINISTRY	:	30130	i	1
PASTORAL COUNSELING			g	2
SPECIAL EVENTS				



"Bear ye one another's burdens and

so fulfill the law of Christ."

Galatians 6:2

# COMMERCIAL LIABILITY DECLARATIONS

Schedule of Additional Information

Page 3 of 3

Policy Number:

36M9A0330604

Policy Period:

08/12/12 - 08/12/15

OTHER	LIABILITY AND	MEDICAL	FORMS

ADDITIONAL INSURED(S) - For Principal Coverage L. (Not including Excess Liability Coverage)

RELATED ORGANIZATION(S) / OPERATION(S) - For designated Related Coverages.

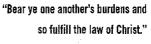
#### SCHEDULE OF LIABILITY EXPOSURES

In issuing this policy, **we** have relied on material information provided to **us** by **you**. The following schedule discloses all of your insurable exposures known to exist at the policy inception date as conveyed by **you**. Declared premises must be owned, occupied, or rented by **you** or **your** scheduled related organizations.

Exposure Classification

Code

Rating Basis
Code Quantity



Galatians 6:2



## HIGH HAZARD ACTIVITIES DECLARATIONS

Page l.of l

Named Insured:

INTERACT MINISTRIES

Policy Number: Policy Period:

36M9A0330604 08/12/12 - 08/12/15

#### LIMITS APPLICABLE

ACTIVITY	FORM	LIABILITY	MEDICAL	AGGREGATE LIMIT
Skate Park Operations	BGL21 3.1	100,000 per occur	0 per person	200,000
Firework Sales	BGL21 3.1	100,000 per occur	0 per person	200,000
Fireworks Display	BGL21 3.1	100,000 per occur	<sup>0</sup> per person	200,000
Construction Oversight	BGL21 3.1	100,000 per occur	<sup>0</sup> per person	200,000

For details regarding how the above limits will apply, see the How Much We Pay Section of the High Hazard Activities Coverage Limits Form (BGL-21).