

MinistryFirst

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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

 INTERACT MINISTRIES
 31000 SE KELSO RD
 BORING

Policy Number: 36M9A0330604

Renewal of: 36M9A0330604

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.
Common Policy Conditions	CL100 1.0	Amendatory Endorsement	CL300 1.0
Intro-Table of Contents	CPI 1.0	General Conditions Prop	BCP100 3.0
System Equip Breakdown	BSEB100 2.2	Commercial Liab Coverage	GL100 1.0
BCL301 1.0	BN11A 1.1	CL0136 11 05	GL0434 03 02
BN1B 1.0	BCL100OR 1.1	BN6ADXOR 3.0	BCL966OR 1.0

SCHEDULE OF LOCATIONS

LOC/BLDG	DECLARED PREMISES	OCCUPANCY
0101 31000 SE KELSO RD	BORING OR	OFFICE
0102 31000 SE KELSO RD	BORING OR	DWELLING
0103 31000 SE KELSO RD	BORING OR	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
DATE

AUTHORIZED REPRESENTATIVE

AGENCY/AGENT NO. JAMES REED & ASSOC INS INC #3600-001
 SALEM OR 97317

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

COMMERCIAL PROPERTY DECLARATIONS

Named Insured: INTERACT MINISTRIES

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: \$250

SCHEDULE OF BUILDINGS AND PERSONAL PROPERTY							
LOC & BLDG	TYPE OF PROPERTY	LIMIT OF INSURANCE	COINSURANCE	EQ DED	VALUATION	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

SCHEDULE OF OPTIONAL COVERAGES				
LOC & BLDG	DESCRIPTION OF COVERAGE	LIMIT OF INSURANCE	DEDUCTIBLE AMOUNT	FORM NUMBER
ALL	Emp Dishonest	2,500	N/A	BCP37A 3.0
ALL	Sewer/Drain	See Form	\$500	BCP135 2.2
ALL	Prop Protect+	See Form	\$500	BCP27AOR 3.0
ALL	Sys Eq Bkdn		\$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 3.0

MORTGAGEES / ADDITIONAL INTERESTS

OTHER PROPERTY FORMS					
BCP0390OR 1.0	BCP0643 01 08	BCP12G 2.2	BCP500 1.0	BCP88OR 2.2	
BN100 1.0	BN12V 1.0	BN27 1.1	CP0171 10 08	CP111 1.0	
EX0651XOR 3.0					

COMMERCIAL LIABILITY DECLARATIONS

Named Insured: INTERACT MINISTRIES

Policy Number: 36M9A0330604

Policy Period: 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 (\$)	GENERAL AGGREGATE LIMIT (\$)
	1,000,000	2,000,000

PRINCIPAL COVERAGES	(Coverage Designation)	FORM	COVERAGE LIMIT (\$)	COVERAGE AGGREGATE LIMIT (\$)
Bodily Injury/Property Damage Liab.	(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	BGL57OR 2.2	1,000,000*	2,000,000*

ADDITIONAL COVERAGES/OPTIONAL	FORM	COVERAGE LIMIT (\$)	COVERAGE 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 Person	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 Person	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	BGL83OR 2.2	1,000,000*	2,000,000*
Defense Reimbursement	BGL89OR 2.3	See Form BGL89	See Form BGL89
Wage Reimbursement	BGL99OR 3.0	2,000*Per Person	2,000,000*

* Only a single limit applies to the loss. All coverage limits are subject to the general occurrence limit and all aggregate limits are subject to the general aggregate limit.

COMMERCIAL LIABILITY DECLARATIONS
 Schedule of Additional Information

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

OTHER LIABILITY AND MEDICAL FORMS

BGL100A1 2.2	BGL110R 2.4	BGL613 1.0	BN998 1.0	CPR71
EX0281X 3.1	EX909 1.0	GL0163 01 08	GL0950 12 99	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.

<u>Exposure Classification</u>	<u>Code</u>	<u>Rating Basis</u>	<u>Quantity</u>
		Code	
**CHURCH	08101	a	5,060
DWELLINGS - ONE-FAMILY - LESSORS RISK	01003	d	1
**CHURCH	08101	a	2,500
Chignik Bay	Chignik Bay	AK	
**CHURCH	08101	a	600
Perryville	Perryville	AK	
**CHURCH OFFICE	08101	a	1,000
16453 E Clark Rd	Palmer	AK	
**FELLOWSHIP HALL RATED AS CHURCH	08101	a	3,000
16453 E Clark Rd	Palmer	AK	
**WAREHOUSE RATED AS CHURCH	08101	a	4,000
16453 E Clark Rd	Palmer	AK	
**CHURCH	08101	a	1,000
Grayling	Grayling	AK	
**CHURCH	08101	a	800
Ruby	Ruby	AK	
**CHURCH	08101	a	700
Tanana	Tanana	AK	
DWELLINGS - ONE-FAMILY - LESSORS RISK	01003	d	6

**Including Products / Completed Work

Rating Basis Code: (a) Area, (b) Payroll, (c) Gross Sales-Receipts, (d) Each, (e) Pupils, (f) Teachers, (g) Pastors, (h) Frontage,
 (i) Flat, (j) Camper days, (k) Cost, (l) Other

COMMERCIAL LIABILITY DECLARATIONS
Schedule of Additional Information

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

OTHER LIABILITY AND MEDICAL FORMS

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		<u>Code</u>	<u>Quantity</u>
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 - LESSORS RISK	01007	d	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 - LESSORS RISK	01011	d	1
16453 E Clark Rd 10A/B/C	Palmer	AK	
LAND - NOC	30370	l	1
Shageluk	Shageluk	AK	
OFFICES - NOC	04504	a	300
OUTREACH MINISTRY	30130	i	1
PASTORAL COUNSELING		g	2
SPECIAL EVENTS			

COMMERCIAL LIABILITY DECLARATIONS
Schedule of Additional Information

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OTHER LIABILITY AND MEDICAL FORMS

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		Code Quantity

HIGH HAZARD ACTIVITIES DECLARATIONS

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Named Insured: INTERACT MINISTRIES

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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	0 per person	200,000
Construction Oversight	BGL21 3.1	100,000 per occur	0 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).