



THE FOURSQUARE CHURCH

Foursquare Insurance Program 2026-2027 Handbook

To: Foursquare Insurance Program Members
From: Foursquare Insurance & Risk Management Committee
Date: May 1, 2026
RE: The 2026-27 Foursquare Insurance Program Handbook

On behalf of our entire Insurance Team, we want to express our gratitude for your continued partnership with the Foursquare Insurance Program. Our Team works diligently to provide your ministry with quality insurance coverage at competitive rates and to ensure a high-quality customer service experience, whether you have a question about coverage or billing, or a claim occurs.

We are so pleased to continue our partnerships with Lockton Insurance Brokers and Risk Program Administrators, and we are very excited to announce the transition to Constitution State Services as our new third-party claims administrator, following an exhaustive search and interview process. While we certainly hope you will not need to file a claim during the policy year, we are confident you will be pleased with the materially improved customer service experience provided by the CSS team should the need arise.

Here are a few important program highlights for 2026-27:

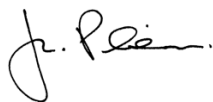
- 1) What continues?
 - a. A 2% discount applies to lump-sum payments of the annual premium made within 30 days of the 2026-27 invoice issue date.
 - b. A \$25 monthly fee for churches that elect not to pay their premiums via ACH.
- 2) What changes?
 - a. After nearly a decade, the minimum deductible for Property claims is being adjusted to \$2,500, with an option of \$5,000. For churches with an insured value of \$2M or more, if you wish to discuss higher deductibles, please contact Risk Program Administrators (RPA) using the information provided below.
 - b. A one-time 5% finance charge will apply to those who elect to pay their premiums monthly. Please note: For those paying monthly, payments are due by the 23rd of each month with a 5-day grace period. A late fee will be assessed for monthly payments received after the 28th of the month.

Why are these changes happening? They are based on practices that have long been standard in the insurance industry. Although the committee took some time to adopt them out of care for churches facing challenges, we have realized that stewarding the Program well means aligning with best industry practices. This also honors the many churches that diligently pay their premiums fully and on time, understanding that outside insurers would cancel coverage for late or unpaid premiums. We are so thankful for your faithfulness!

If you have any questions, please contact our customer service team at 833-813-5580 or at FoursquareInsurance@rpadmin.com. They will be happy to assist.

This Program Handbook serves as a quick reference guide to the details of the Foursquare Insurance Program and how it works. Our insurance team is here to serve you. Please feel free to reach out with any questions, comments, or concerns!

Blessings and thanks!



Jonathan Phillips, Chief Business Officer

Foursquare Insurance Customer Support Contacts

Foursquare Member Services: Risk Program Administrators (a division of Arthur J. Gallagher) provides member services support for the Foursquare Insurance Program that includes all coverage and billing questions along with facilitation of the annual Coverage Census Survey and Worker's Compensation Audit.

Phone – 833-813-5580

Email – FoursquareInsurance@rpadmin.com

Foursquare Insurance Team: The primary function of the Foursquare Insurance Team is to serve as the liaison between Foursquare and other partners pertaining to the management of claims, updating of any changes to the status of churches, assisting with the renewal of policies and providing criminal background checks on church volunteers.

Phone – 213-989-4408

Claim Reporting:

(Provided by Constitution State Services, LLC, Third Party Administrator to the Foursquare Insurance Program)

For Property, Worker Compensation, Crime, General Liability/Errors & Omissions claims, please contact Constitution State Services

CSS Claim Reporting Information: <https://www.constitutionstateservices.com/report-a-claim>

Phone: 800-243-2490

Email: LossRptCSS@constitutionstateservices.com

All other claims related to Auto Liability, Equipment Breakdown, Cyber, Foreign Claims, Terrorism or Accident/Activities, please contact **Foursquare Member Services** as these claims are reported separately.

Certificate of Participation:

As a participant in the Foursquare National Insurance program, each church and school will receive a Certificate of Participation (COP) on an annual basis. COPs are scheduled to be delivered to each church by email on or around June 1st each year.

The COP document is proof of coverage and participation in the Foursquare program. This document replaces a formal insurance policy document. As a member of the National Program, a separate insurance policy does not exist for each member.

COPs include all pertinent information related to each church and school including the following:

- Property Schedule
- Descriptive data about each property
- Attendance for each church or school
- Payroll / Workers Compensation Data
- Auto/Driver Schedules, if applicable

If you have not received a copy of your COP or would like another copy, please contact **Foursquare Member Services**.

Program Coverages

*Policy terms and conditions apply.

Property:

Carrier: Foursquare National Program

Policy Number: Various

Coverage Limits: Maximum per claim of \$50,000,000
Property must be included in your COP to be insured
Property Values, Content Values, Leasehold Improvements must be scheduled
Detached structures, such as fencing and playground equipment may be insured, if scheduled

Property of Others in Care, Custody, and Control – maximum program coverage is \$5,000 unless reported and scheduled by church or school. Also subject to deductible.

Certain sub-limits apply to property claims. For more information, please be in touch with Foursquare Member Services.

Property Exclusions include but are not limited to the following:

- Earth Movement / Earthquake / Sinkhole
- Flood, A&V Zones
- Ordinary Payroll
- Extended Period of Indemnity
- Pollution/Contamination
- Asbestos
- Mold
- Nuclear, Biological or Chemical
- Communicable Disease

Deductible – See Deductible Section

Claims – Constitution State Services

Earthquake:

Earthquake coverage is available under the Foursquare Program but is not included with current property coverages. Such coverage can be made available to any interested churches and subject to additional premiums. Please contact **Foursquare Member Services** for more information.

Flood:

Flood coverage for FEMA determined A & V Flood Zones (high risk zones) is excluded from the Foursquare program. Churches in A & V Zones should purchase NFIP (National Flood Insurance Program) flood policies with appropriate limits to insured church owned property. Limited flood coverage is provided for locations in non-high-risk zones. For more information, please contact **Foursquare Member Services**.

Equipment Breakdown:

Coverage for boiler and machinery inspections and for loss due to mechanical or electrical breakdown of nearly any type of equipment, including photocopiers and computers. Coverage applies to the cost to repair or replace the equipment and any other property damaged by the equipment breakdown.

Carrier: Continental Casualty Company
Policy Number: BM 6076083374

Coverage Limits: \$250,000,000 including Business Income, Extra Expense and Property damage.

Major Exclusions including, but not limited to the following:

- Ordinance or Law
- Nuclear Hazard
- War or Military Action Water
- "Fungus", Wet Rot and Dry Rot
- Underground Pipes

Deductible – Subject to Property Deductible

Claims Phone – 877-262-2727 Fax: 800-953-7389
Email - lossreport@cnaasap.com

Crime:

Program offers crime coverage in the amount of \$50,000 for any claims related to Money & Securities, Forgery & Alterations, and Employee Dishonesty.

Carrier: Foursquare National Program
Policy Number: 8223001080548

Coverage Limits: \$50,000 per claim

Deductible – See Deductible Section

Claims – Constitution State Services

General Liability, Errors & Omissions (E&O), Employee Benefits Liability and Excess Liability

Carrier: Old Republic Union Insurance Company
Policy Number: 822500 1080548

Coverage Limits (Per Occurrence and Aggregated):

General Liability	\$5,000,000
E&O	\$5,000,000
Employee Benefit Liability	\$5,000,000

Coverages are offered on a Claims Made basis, subject to certain retro dates. Retro dates below apply to primary \$5M of coverage only, other retro dates vary by coverage level.

Employee Benefit Liability retroactive date – **5/1/2019**

E&O retroactive date – **12/1/2007**

Major Exclusions incl. but not limited to the following:

- Communicable Disease Exclusion
- Violation of Communication or Information Law Exclusion
- Securities Exclusion
- Professional Services Exclusion
- Sexual Misconduct

Deductible – See Deductible Section

Claims – Constitution State Services

Auto Physical Damage:

The Foursquare Program offers physical damage for owned autos previously insured. Unless your vehicle is currently insured and receives an auto ID card, physical damage for owned autos should be placed with an outside insurance carrier.

Automobile Liability:

Coverage for Auto Liability includes Owned, Hired, and Non-Owned automobiles.

Carrier: Zurich American Insurance Company
Policy Number: BAP1885538-06

Coverage Limits Per Accident:
Owned Auto Liability - \$1,000,000
Hired, Non Owned Liability - \$1,000,000
Medical Payments - \$10,000

Exclusions including, but not limited to the following:

- Nuclear Energy Liability Exclusion
- Auto Physical Damage
- Pollution

Deductible – See Deductible Section

Claims – Report directly to Zurich at: **(800) 987-3373**

Excess Liability:

Provides excess liability limits for General Liability and Automobile Liability Coverages.

Carrier: Foursquare National Program
Policy Number: Various

Coverage Limits:

Per Occurrence	\$15,000,000
Aggregate	\$15,000,000

Coverage exclusions match what is shown under the Liability and Automobile Liability sections

Workers Compensation:

Coverage Limits are subject to statutory requirements based upon State Law. Employer Liability is included for all Members.

Major Exclusions incl. but not limited to the following:

- Intoxication – Alcohol or Drug abuse
- Suicide
- Intentional Acts
- Bodily injuries occurring outside the US, its territories, or possessions.

Deductible – See Deductible Section

Claims – Constitution State Services

Director's & Officers (D&O), Employment Practices, including Sexual Harassment Liability:

Carrier: Ascot Specialty Insurance Company
Policy Number: MLNP251000195101

Coverage Limits (Per Occurrence and Aggregated):

D&O	\$5,000,000
Employment Practices. Including Sexual Harassment	\$5,000,000
Fiduciary Liability	\$1,000,000

Coverages are offered on a Claims Made basis, subject to certain retro dates. Retro dates below apply to **D&O, EPLI including Sexual Harassment retroactive date – 5/1/2025** primary \$5M of coverage only, other retro dates vary by coverage level.

Major Exclusions incl. but not limited to the following:

- Securities Exclusion
- Professional Services Exclusion
- Sexual Misconduct

Deductible – See Deductible Section

Claims – Contact Bridget Ellis at 213-989-4403 or bellis@foursquare.org

Sexual Misconduct:

Carrier: Lloyds of London/Beazley
Policy Number: B0713NAMCA2501703

Retro Date: May 1, 2003

Major Exclusions including, but not limited to the following:

- Knowledge of Perpetrator
- Adult Volunteers who have not been subject to Foursquare Background Check Procedures are excluded

Deductible - \$0.00

Claims or Incident Notification:

If your organization has been notified of an allegation of sexual misconduct or abuse, received a summons related to any litigation matter, been contacted by an attorney, or a potential victim, immediately notify the following:

Foursquare Insurance Offices – 213-989-4400

Foursquare Legal Counsel – 213-989-4211

Any inquiries from news media related to a misconduct matter or any insurance related matter should be referred to the Corporate Legal counsel without comment.

If this involves an adult/minor, for more information please refer to the *Foursquare Child and Youth Protection Manual*.

Foreign Coverages:

The Foursquare program offers certain coverages for church representatives who are traveling overseas. Coverages include General Liability, Auto Liability, Auto Physical Damage, Voluntary Compensation, Employer Liability and Travel Accident and Sickness.

Excluded locations: Republic of Belarus; The Russian Federation as recognized by the United Nations (or their territories, including territorial waters, or protectorates where they have legal control; legal control shall mean where recognized by the United Nations)

For foreign coverages to offered, foreign travel must be reported to Foursquare Insurance Department and Foursquare Member Services in advance of travel beginning.

For additional information about the coverages available, please contact **Foursquare Member Services**.

Accident / Activities Policy:

This policy is primary to any other applicable group medical insurance. This policy insures for accidental/medical expenses for an injury to church¹⁰ members, including dependents and invited guests

while taking part in a church-sponsored and supervised activity. This would include scheduled and non-scheduled sports. Coverage is extended while on the church's premises, as well as off site. No lost wages will be paid to the injured person.

Carrier:	Everest Reinsurance Company BMI Insurance	
Policy Number:	AHP1200077251	
Coverage Limits	AD&D Volunteers	\$100,000 per injury
	AD&D All others	\$25,000 per injury
	Accidental Dismemberment	Varies by body part affected
	Medical Evacuation & Repat.	\$50,000
	Coma & Paralysis	\$100,000

First Medical treatment must be sought within 90 days of injury for claim to be eligible for coverage. Benefit period is limited to 104 weeks from date of injury.

Exclusions included but not limited to the following:

- Pre-existing condition
- Hernia
- Communicable Disease
- Intentional injuries

Deductible: \$0

Claims: Please contact **Foursquare Member Services** for information on reporting the claim or visit www.foursquare.org/insurance to download the claim form.

Program Deductibles

The following schedule provides program deductibles for covered losses, based upon the line of coverage.

Property:

\$2,500.00 per claim (Churches may opt for \$5,000.00).

Hurricane / Named Windstorm:

5% per unit of Insurance of each affected building insured, as shown on the latest Statement of Values on file, at each location that has sustained a loss or damage: subject to a minimum of USD \$500,000 for any one occurrence as respects Tier 1 Wind Zones.

If two or more separate deductible amounts apply to the same specific type of coverage, the total to be deducted shall be the largest applicable deductible amount arising out of one Occurrence.

If you are unsure whether your property is located within a high-risk Cat exposure area, or have additional questions, please contact **Foursquare Member Services.

Liability:

\$0.00 deductible

Workers Compensation:

\$0.00 deductible

Cyber:

\$0.00 deductible

Auto:

\$500/\$500 per claim Comp/Collision

Crime:

\$0.00 deductible

Accident / Activities Policy:

\$0.00 deductible

Certificate of Insurance

If the interested party to your church or school requests “evidence of insurance,” or to be named as an “additional insured”, a Certificate of Insurance (COI) needs to be requested.

The program includes two separate request forms: “**Property Certificate**” and “**General Liability Certificate**.” The request form can be provided in two ways:

1. Request by sending an email to FoursquareInsurance@rpadmin.com or by phone at 833-813-5580, option #1, or
2. Both forms can be found online at www.foursquare.org/insurance.

Some additional items to note concerning COI:

- Any additional correspondence or documentation provided by the requesting party or a copy of the rental agreement, lease or settlement papers, should be included with the request.
- Property transactions, including a month- to-month rental agreement, must be approved by the Board of Directors for Charter Churches prior to requesting a certificate. This does not apply to Covenant Churches.
- Request forms can be completed in the PDF document or printed, completed and submitted by email.
- Please complete all fields on the COI request form. Any missing information will result in delays in issuing the requested COI.
- All COI requests must be submitted in the church’s legal name including the 5 or 6-digit church ID code.
- COI requests should be submitted 72 hours before required. Every effort is made to have a COI issued within 24 hours of submission of the completed request.
- **VEHICLE Proof of Insurance** – Please contact Foursquare Member Services at 833-813-5580.



Certificate of Liability Request Form

Please use the fillable form and provide via PDF or print in black ink. Fill in the information as requested. Attach a copy of any correspondence from the party requesting the certificate. The certificate will be provided via Email. Please provide the information for both the organization and the requesting party requiring the certificate (this is not the church but the party requiring the church to provide a certificate).

Foursquare Insurance Department approval is required for locations that are rented, leased, or purchased and are not listed on the church's insurance property schedule.

- NOTE: 1) All certificate requests are required to be submitted 72 hours prior to the deadline.
 2) If all the necessary information has not been provided, your request will be returned to you for further completion.
 3) If Additional Insured status is required from the certificate requestor, a signed agreement/contract is required before a certificate can be provided per Foursquare.

Organization Information (ICFG Legal Church/School Name): _____ **Today's date:** _____
 Organization Legal Name: _____ Church Code #: _____

Contact: _____ Contact Phone No.: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ FAX No.: _____

Requesting Party (Certificate Holder – NOT CHURCH/SCHOOL INFORMATION):

Company: _____

Contact: _____ Contact Phone No.: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ FAX No.: _____

Remarks-Purpose of Certificate:

Please check one box only: ☐ Additional Insured (If this is required from requestor ICFG requires a signed contract for review)
☐ Evidence Only

Type of event or use of premises: _____

Physical Address of event: _____

Dates of the event: _____ Date Certificate Needed: _____

Additional Information: _____

Delivery distribution ☐ Named insured ☐ Certificate Holder ☐ Other _____

Email to: FoursquareInsurance@rpadmin.com for questions please call 833-813-5580, dial 1 for certificates.



Certificate for Evidence of Property Insurance Request Form Buildings or Leased Equipment

Please type or print in black ink. Fill in the information as requested. Attach a copy of any correspondence from the party requesting the certificate. The preferred method of issuing the certificate by the broker is by email. Please provide the information for both the organization and the requesting party.

Foursquare Insurance Department approval is required for locations that are rented, leased or purchased, as well as contents valued at \$25,000 or more, that are not listed on the church's Insurance property schedule.

NOTE: 1) All certificate requests are required to be submitted within 72 hours prior to the deadline.
2) If all the necessary information has not been provided, your request will be returned to you for further completion.

Organization Information (ICFG Legal Church/School Name): _____ **Today's date** _____

Organization Legal Name: _____ Church Code #: _____

Contact: _____ Contact Phone No.: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

FAX No.: _____ Email Address: _____

Requesting Party (Certificate Holder – NOT CHURCH/SCHOOL INFORMATION):

Company: _____

Contact: _____ Contact Phone No.: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

FAX No.: _____ Email Address: _____

Remarks-Purpose of Certificate: Please check one box only: ☐ Loss Payee ☐ Mortgagee

Loan/Lease Number: _____ Property &/or Equipment Value: _____

Property Address: _____

Description of leased equipment: _____

Serial Number: _____ Proof of General Liability Coverage: ☐ Yes ☐ No

The equipment is for a special event: ☐ Yes ☐ No Dates of the event: _____

Additional Information: _____

Delivery distribution ☐ Named insured ☐ Certificate holder ☐ Other _____

Email to: FoursquareInsurance@rpadmin.com for questions please call 833-813-5580, dial 1 for certificates.



Background Checks

Background checks for employees and volunteers are a critical component of the Foursquare Insurance program and Children and Youth Protection programs. Background checks are invoiced separate from insurance premiums and are due upon receipt.

Please see the Child and Youth Protection Manual for more information and policies concerning background checks.

For any questions or assistance related to background checks, please be in touch with Yolanda Portillo at yportillo@foursquare.org or by phone at 213-989-4405. [Foursquare.org/CYPM](https://foursquare.org/CYPM)

For any questions or assistance related to background check invoicing or payments, please contact Foursquare Member Services at FoursquareInsurance@rpadmin.com or by phone at 833-813-5580.

Insurance Premium Payments

Insurance premiums for the Foursquare program are billed one time per year for the annual cost of insurance from May 1st – April 30th followed by monthly invoices reporting payment activity unless premiums are paid in a lump sum. Many churches have taken advantage of paying their annual premiums in a lump sum. If annual premiums are paid in full within 30 days of receipt of invoices, the program does offer a 2% discount off total premiums.

The preferred method of premium payment is ACH with those payments processed on the 15th of each month. For those who opt to pay by check, payment should be remitted to the address below and is subject to a \$25 monthly processing fee unless is a one-time lump sum payment. If monthly payments are preferred, a 5% finance charge will be added on a monthly basis.

Payment Address:

ICFG Insurance
PO Box 847118
Los Angeles, CA 90084-7118

See next page for form required to sign up or change your ACH payment information. Form requests or questions, please contact Foursquare Member Services.



ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION AGREEMENT Insurance Payments

Please return completed form by email
to: FoursquareInsurance@rpadmin.com

PART I: REASON FOR SUBMISSION

☐ New EFT Authorization

☐ Revision to Current Authorization
(e.g. account or bank changes)

PART II: INFORMATION

Church Name		Church Number	
Street Address			
City	State	Zip Code	

PART III: FINANCIAL INSTITUTION INFORMATION

Financial Institution City/Town	Financial Institution State
Financial Institution Telephone Number	Financial Institution Contact Person
Financial Institution Routing Transit Number (nine digit)	
Depositor Account Number	Type of Account (check one)
	☐ Checking Account ☐ Savings Account

Please include a voided check or a confirmation of account information on bank letterhead.

When submitting the documentation, it should contain the name on the account, electronic routing transit number, account number and type. If submitting bank letterhead, the bank officer's name and signature is also required. This information will be used to verify your account number.

PART V: AUTHORIZATION

I hereby authorize the Foursquare Church (International Church of the Foursquare Gospel/ICFG) and/or its affiliated companies to initiate debit entries and to initiate adjustments for any duplicate or erroneous entries made in error to the account indicated above. I hereby authorize the financial institution/bank named above to debit and/or credit the same to such account.

This authorization agreement is effective as of the signature date below and is to remain in full force and effect until ICFG has received written notification from me of its termination in such time and such manner as to afford ICFG and the Financial Institution a reasonable opportunity to act on it. ICFG will continue to send my payments to the Financial Institution indicated above until notified by me that I wish to change the Financial Institution receiving my payments. If my Financial Institution information changes, I agree to submit to ICFG an updated EFT Authorization Agreement.

SIGNATURE LINE

Signature 1	Name(Printed)	Title	Contact Phone
Signature 2	Name(Printed)	Title	Contact Phone

Vehicles, Drivers, Volunteer Drivers and Private Vehicles

As an organization based on program and ministries, vehicles and drivers must be considered as part of our insurance program. It is common for churches to host youth events that involve volunteer drivers using their personal vehicles for church activities.

As good stewards of our resources and concerned with the wellbeing of those we serve, the safety of everyone participating in a church activity is a priority.

Therefore, we recommend that every precaution be taken when considering the use of volunteer drivers.

The Foursquare Insurance Services department recommends the following guidelines:

1. The volunteer driver should not be younger than twenty-five (25) years of age.
2. The church should request a copy of the volunteer driver's motor vehicle record (MVR) prior to allowing any volunteer to drive for church activities. An MVR can be requested through **Foursquare Member Services**.
3. The church should conduct a background check on the volunteer driver if minors are being transported.
4. The volunteer driver must provide proof of vehicle insurance. Recommended coverage limits are \$100,000/\$300,000/\$50,000, with a minimum of \$25,000 in medical pay per person.
5. Complete the "permit to volunteer use of private vehicle" shown on the next page for each volunteer driver.

NOTE: If the volunteer is to drive a church-owned vehicle, they must be added to the church's account prior to using the vehicle. Drivers are added to the church's program for owned autos by completing an MVR report indicated in #2 above.

Driver Eligibility for Church-owned Vehicles and Buses:

1. Successful completion of a Motor Vehicle Report
2. Eligible age for drivers is between 25 to 70 years of age.
3. Senior Pastors are not subject to age limitations.
4. Each driver must have a current driver's license according to state requirements.
5. Vehicle or Van drivers – no "at fault" accidents or moving violations in the past 12 months.
6. Bus Drivers - no "at fault" accidents or moving violations in the past 24 months.

Volunteer Use of Private Vehicle

Persons using a privately owned vehicle to transport passengers for any church-sponsored event, minimum recommendations

Insurance requirements:

One person bodily injury/aggregate bodily injury:	\$100,000/\$300,000 per
accident Property Damage:	\$50,000 per accident
Medical Payments:	\$25,000 per person, per accident

Passengers and Other Requirements:

The number of passengers to be transported in any one vehicle shall not be more than the legally permitted number of passengers deemed appropriate as determined by the number of working seatbelts.

Double-buckling is not permitted.

All passengers are required to wear a seatbelt at all times while the vehicle is in transit.

It is recommended that each church or school have volunteer drivers complete the attached form and retain copies of such on file.

Foursquare Volunteer Drive Form

Name of Driver: _____ Cell Phone #: _____

Drivers' License #: _____ Expiration Date: _____

Insurance Information:

Name of Insurance Company	
Policy Effective Dates	
Bodily Injury Limits	
Property Damage Limits	
Medical Payments	

Vehicle Information: Year: _____ Make: _____ Model: _____ License Plate: _____

As a volunteer, I am responsible for the safe operation of my vehicle and the safe transportation of the occupants. In the event of an accident, my personal vehicle insurance is primary. My insurance company will be responsible for settling all claims and/or lawsuits in the event of an accident.

Name: _____

Signature: _____

Date: _____

Non-Foursquare Insurance Requirements (NFI):

Currently, Foursquare churches and schools have the option of obtaining insurance coverage external to the Foursquare National Program. However, each Foursquare church shall maintain adequate insurance on all church properties and activities. This obligation shall be the joint responsibility of the pastor and the members of the church council.

NFI insurance coverages must comply with the following requirements:

Minimum coverage required by the ICFG Board:

Coverage	Minimum Coverage Limits
Real Property	100% Replacement Costs (RCV) Coinurance to be waived or 100%
Personal Property	\$10,000 minimum coverages
Earthquake	Not required, but recommended
Flood Coverage	Required if in A or V Flood Zone
General Liability	\$1,000,000 per Occurrence
Abuse & Molestation	\$1,000,000 per Occurrence
Workers Compensation	State Statutory Limits
Activities Coverage	\$10,000, On and Off Premise Coverage
Crime	\$10,000
Auto Liability	\$300,000/\$500,000
Director's & Officers	\$1,000,000
Employment Practices Liability	\$1,000,000

Other Requirements:

- International Church of the Foursquare Gospel must be listed as **"Additional Insured."**
- ICFG is to be named **"Loss Payee"** on all property coverages **for Charter Churches.**
- The policy needs an endorsement with **"Primary Non-Contributory"** wording.
- **Coinurance structures on property coverage are not allowed and should be waived. If a carrier will not waive coinurance language within a policy, it must be set at 100% of replacement cost value (RCV).**
- **Copies of all insurance policies** shall be filed with the insurance services department.
- **Advance notification** must be given to the insurance services department so that the Foursquare policy can be canceled in time to not overlap with the outside policy premium. A proposal must be sent to Foursquare insurance prior to binding with an outside carrier.
- **All auxiliary activities and programs** of the church shall be properly covered.
- The policies shall be placed preferably with A++ or A+ carriers, as listed in A. M. Best's insurance guide. Reciprocal or assessable mutual companies are not acceptable.
- **The first named insured is the "legal" name of the church** and not the slogan name. Or it can be the legal name dba the slogan name.
- Currently **State Farm Insurance** is not an approved carrier as their sexual misconduct coverage does not meet Foursquare requirements.

- Covenant Churches with no payroll (Housing and/or Salary) are not required to maintain EPLI Coverage until, if and when, payroll begins.

Please note that in order to be removed from the Foursquare insurance program, all the requirements stated above must be met. If the policies do not meet the requirements, the church will continue to be enrolled in the Foursquare Insurance Program and be expected to pay the monthly premiums.

In order for the Insurance Services Department to determine if all of the requirements have been met, a copy of the complete policy must be submitted for review. In addition, if all the requirements have been met and the church is removed from the Foursquare Insurance Program, it is the church's responsibility to inform their insurance broker for the inclusion of additional insured requirements as listed below:

International Church of the Foursquare Gospel
3901 Foothill Blvd.
La Crescenta, CA 91214

*Minimum personal property coverage does not apply to Simple Church Networks and Covenant churches.

Covenant Churches

Covenant Churches are eligible to participate in the Foursquare Insurance Program provided they are either a Foursquare Church Plant or transitioning from Charter to Covenant Status. Pre-existing, independent churches who become a part of Foursquare as a Covenant Church are not eligible to participate in the Foursquare Insurance Program. If a Covenant Church decides to purchase NFI coverage, the requirements are different. The specific items that differ are listed below:

Other Requirements:

- ICFG does NOT need to be named **"Loss Payee"** on all property coverages for Covenant Churches.
- Board approval is NOT required for property purchases, sales, or renovations.
- Board approval is NOT required for leased properties.
- Covenant Churches with no payroll (Housing and/or Salary) are not required to maintain EPLI Coverage until if and when payroll begins.