

NEW LIFE METHODIST CHURCH
5256 MAIN ST
GRANT, AL 35747-8317



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OUTGROWING your insurance coverage?

Schedule a
policy review
today.

Reasons to Review:

Rising Repair Costs • Family Changes
Major Purchases • Home Renovations



Church Policy
Policy Number: 19001614571
Policy Effective Dates: 06/06/2023 - 06/06/2024



Your Hometown Alfa[®] **Agent**

Jeremy Goble
PO BOX 190
GRANT, AL 35747-0190
256-728-4227
JGoble@alfains.com

NEW LIFE METHODIST CHURCH
5256 MAIN ST
GRANT, AL 35747-8317



RENEWAL INFORMATION

Thank you for being a loyal Alfa customer. Since 1946, our customers have trusted us to protect what they value most, and we're excited you are part of the Alfa family. We hope you will continue to allow Alfa to remain your trusted insurance provider by renewing your policy before the current coverage expires.

This is an offer to renew only. Your Electronic Funds Transfer payment will occur on the due date you previously selected.

This packet includes your policy information and any added or revised schedules or endorsements. Payment of your renewal premium, or a credit that satisfies the first installment, constitutes acceptance of these coverages.

The following is a list of changes to your policy effective 06/06/2023:

- Change Protection Class 05
- Change Building Limit

Should you have any questions about your policy, please contact your Alfa agent.

THIS IS NOT A BILL.

How To Reach Us:

In Person: Any Alfa Office
Toll-Free: 1-800-964-2532
Online: www.alfainsurance.com

For information about your policy, to file a claim or make a payment, choose one of the convenient methods above.

Inside This Packet:

- Declarations
- Forms, endorsements and exclusions making up your policy



Church Policy
Policy Number: 19001614571

Alfa Insurance[®]
 P.O. BOX 11000
 MONTGOMERY, AL 36191-0001



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Named Insured(s): NEW LIFE METHODIST CHURCH	Membership Number: 00901866
	Entity: CHURCH
Mailing Address: 5256 MAIN ST GRANT, AL 35747-8317	Insurer: Alfa Mutual Insurance Company
Policy Number: 19001614571	Total Property Premium: \$31,057.00
Declarations Type: Renewal	Advanced Liability Premium: \$203.00
	Total Policy Premium: <u>\$31,260.00</u>
Policy Effective Date: June 6, 2023	Policy Expiration Date: June 6, 2024

This policy term is effective and will expire 12:01 a.m. Standard Time on the dates shown above and will be effective for this and subsequent policy terms if the required current and renewal premium is paid by you, or on your behalf and if payment is accepted by us.

Section I - Property Coverages

Location 1: 5256 MAIN ST, GRANT, AL 35747-8317

Location 1 Property Deductible(s)

Deductible: \$5,000
Windstorm Or Hail Percentage Deductible: n/a

If your policy contains endorsements, other deductibles may display on the Endorsement or in the Endorsements section.

Location 1 Coverages

Building Number	Building Description	Classification Code
1	brick veneer frame	41650
Building Limit:	\$2,507,760	Building Valuation: Replacement Cost
Building Limit - Automatic Increase:	8%	
Building Personal Property Limit:	\$800,000	

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Declarations

Church Policy
Policy Number: 19001614571

Building Number	Building Description	Classification Code
2	youth after school	41650
Building Limit:	\$64,800	Building Valuation: Replacement Cost
Building Limit - Automatic Increase:	8%	
Building Personal Property Limit:	\$10,000	

Building Number	Building Description	Classification Code
3	2 story youth Building	41650
Building Limit:	\$216,000	Building Valuation: Replacement Cost
Building Limit - Automatic Increase:	8%	
Building Personal Property Limit:	\$30,000	

Location 1 Optional Coverages	Limit	Premium
Business Personal Property Temporarily In Portable Storage Units:	\$30,000	Included
Electronic Data:	\$10,000	Included
Equipment Breakdown:		\$777.00
Optional Deductible: \$500		
Optional Time Deductible - Hours: 72		
Forgery Or Alteration:	\$2,500	Included
Money And Securities		
On Premises:	\$2,500	Included
Off Premises:	\$2,500	Included
Fire Department Service Charge:	\$2,500	Included
Outdoor Property:	\$7,500	Included
Personal Effects Of Clergy:	\$2,500	Included
Theft of Jewelry, Furs, Etc:	\$7,500	Included
Valuable Papers And Records:	\$30,000	Included

Location 2: 185 2ND AVE E, GRANT, AL 35747-7659

Location 2 Property Deductible(s)

Deductible: \$5,000

Windstorm Or Hail Percentage Deductible: n/a

If your policy contains endorsements, other deductibles may display on the Endorsement or in the Endorsements section.

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Declarations

Date: 04/12/2023

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Church Policy
Policy Number: 19001614571

Location 2 Coverages

Building Number	Building Description	Classification Code
1	frame house used for storage only	41650
Building Limit:	\$108,000	Building Valuation: Actual Cash Value
Building Limit - Automatic Increase:	8%	

Location 2 Optional Coverages

	Limit	Premium
Electronic Data:	\$10,000	Included
Forgery Or Alteration:	\$2,500	Included
Money And Securities		
On Premises:	\$2,500	Included
Off Premises:	\$2,500	Included
Fire Department Service Charge:	\$2,500	Included
Outdoor Property:	\$2,500	Included
Personal Effects Of Clergy:	\$2,500	Included

Property Optional Coverages

	Limit	Premium
Employee Dishonesty:	\$25,000	\$73.00

Property Included Coverages

	Limit
Business Income:	Actual Loss Sustained For 12 Months
Extra Expense:	12 Consecutive Months After The Date Of Direct Physical Loss Or Damage
Pollutant Clean-up And Removal:	\$10,000
Money Orders And "Counterfeit Money":	\$1,000
Increased Cost Of Construction:	\$10,000
Fire Extinguisher Systems Recharge Expense:	\$5,000
Interruption Of Computer Operations:	\$10,000
Limited Coverage For "Fungi", Wet Rot Or Dry Rot:	\$15,000

Section II - Liability Coverages

Business Liability	Limit
Each Occurrence Limit:	\$2,000,000
Personal And Advertising Injury Limit:	\$2,000,000
General Aggregate Limit:	\$4,000,000
Products/Completed Operations Aggregate Limit:	\$4,000,000
Medical Expenses - Per Person Limit:	\$10,000
Damage To Premises Rented To You:	\$50,000

If your policy contains endorsements, other deductibles may display in the Endorsements section.

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Church Policy
Policy Number: 19001614571

Liability Schedule

Classification Code	Liability Exposure	Liability Exposure Base
41650	2,400	Square Footage
41650	9,000	Square Footage
41650	1,600	Square Footage
41650	1,100	Square Footage

Additional Insured(s) On The Policy

Type: DESIGNATED PERSON OR ORGANIZATION
Name: NORTH ALABAMA CONFERENCE OF THE UNITED METHODIST CHURCH
Address: 898 ARKADELPHIA RD
 BIRMINGHAM, AL 35204-3436

Additional Interest(s) On The Policy

Type: Mortgagee
Name: FIRST STATE BANK
Address: PO BOX 681299
 FORT PAYNE, AL 35968

Endorsements

Premium

*For the Endorsements below, refer to the Policy Endorsement for Policy Language.
 Premiums displayed in this section may be reflected in the Total Policy Premium.*

BP 05 15 01 15 Disclosure Pursuant to Terrorism Risk Insurance Act **Included**

SCHEDULE - Part I

Terrorism Premium (Certified Acts): Included

Additional Information, If Any, Concerning The Terrorism Premium:

SCHEDULE - Part II

Federal Share Of Terrorism Losses: 80% Year: 2,023

Federal Share Of Terrorism Losses: 80% Year: 2,024

BP 04 48 07 13 Additional Insured - Designated Person or Organization **\$25.00**

See Endorsement for Details

BP 04 04 01 10 Hired Auto and Non-Owned Auto Liability **\$55.00**

See Endorsement for Details

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Declarations

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Church Policy
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Endorsements	Premium
<i>For the Endorsements below, refer to the Policy Endorsement for Policy Language. Premiums displayed in this section may be reflected in the Total Policy Premium.</i>	
BP 05 23 01 15 Cap on Losses from Certified Acts of Terrorism	Included
SCH 200 01 18 Revision Business Owners Church Form	Included
BP 01 01 04 15 Alabama Changes	Included
BP 05 17 01 06 Exclusion - Silica or Silica-Related Dust	Included
BP 05 77 01 06 Fungi or Bacteria Exclusion (Liability)	Included
BP 04 17 01 10 Employment - Related Practices Exclusion	Included
BP 14 86 07 13 Communicable Disease Exclusion	Included
BP 10 05 07 02 Exclusion - Year 2000 Computer-Related and Other Electronic Problems	Included
BP 15 04 05 14 Exclusion - Access or Disclosure of Confidential or Personal Information and Data-Related Liability - with Limited Bodily Injury Exception	Included
BPC 60 00 01 18 Exclusion - Lead and Asbestos	Included

Forms Schedule	
BOPDEC	BusinessOwner Declaration
Acord 25	Certificate of Liability
Acord 27	Evidence of Property
BPCANI	ANI Letter
BP 00 03 07 13	Businessowners Coverage Form
BP 05 15 01 15	Disclosure Pursuant to Terrorism Risk Insurance Act
BP 04 48 07 13	Additional Insured - Designated Person or Organization
BP 05 23 01 15	Cap on Losses from Certified Acts of Terrorism
SCH 200 01 18	Revision Business Owners Church Form
BP 01 01 04 15	Alabama Changes
BP 04 04 01 10	Hired Auto and Non-Owned Auto Liability
BP 05 17 01 06	Exclusion - Silica or Silica-Related Dust
BP 05 77 01 06	Fungi or Bacteria Exclusion (Liability)
BP 04 17 01 10	Employment - Related Practices Exclusion
BP 14 86 07 13	Communicable Disease Exclusion

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Declarations

Church Policy
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Forms Schedule

BP 10 05 07 02 Exclusion - Year 2000 Computer-Related and Other Electronic Problems
BP 15 04 05 14 Exclusion - Access or Disclosure of Confidential or Personal Information and Data-Related Liability - with Limited Bodily Injury Exception
BPC 60 00 01 18 Exclusion - Lead and Asbestos
ALMP1GW 11 17 Amendatory Policy Provisions

FRAUD WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines or confinement in prison, or any combination thereof. Alfa will provide information regarding possible criminal acts to the appropriate authorities as required by law.

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THIS ENDORSEMENT IS ATTACHED TO AND MADE PART OF YOUR POLICY IN RESPONSE TO THE DISCLOSURE REQUIREMENTS OF THE TERRORISM RISK INSURANCE ACT. THIS ENDORSEMENT DOES NOT GRANT ANY COVERAGE OR CHANGE THE TERMS AND CONDITIONS OF ANY COVERAGE UNDER THE POLICY.

DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT

SCHEDULE

SCHEDULE – PART I	
Terrorism Premium (Certified Acts)	\$ _____
Additional information, if any, concerning the terrorism premium:	
SCHEDULE – PART II	
Federal share of terrorism losses _____	% Year: 20 ____
(Refer to Paragraph B. in this endorsement.)	
Federal share of terrorism losses _____	% Year: 20 ____
(Refer to Paragraph B. in this endorsement.)	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Disclosure Of Premium

In accordance with the federal Terrorism Risk Insurance Act, we are required to provide you with a notice disclosing the portion of your premium, if any, attributable to coverage for terrorist acts certified under the Terrorism Risk Insurance Act. The portion of your premium attributable to such coverage is shown in the Schedule of this endorsement or in the policy Declarations.

B. Disclosure Of Federal Participation In Payment Of Terrorism Losses

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals a percentage (as shown in Part II of the Schedule of this endorsement or in the policy Declarations) of that portion of the amount of such insured losses that exceeds the applicable insurer retention. However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year, the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.



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C. Cap On Insurer Participation In Payment Of
Terrorism Losses

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):
North Alabama Conference of the United Methodist Church
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II – Liability is amended as follows:

A. The following is added to Paragraph **C. Who Is An Insured:**

3. Any person(s) or organization(s) shown in the Schedule is also an additional insured, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf in the performance of your ongoing operations or in connection with your premises owned by or rented to you.

However:

- a.** The insurance afforded to such additional insured only applies to the extent permitted by law; and
- b.** If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Paragraph **D. Liability And Medical Expenses Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1.** Required by the contract or agreement; or
- 2.** Available under the applicable Limits Of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits Of Insurance shown in the Declarations.



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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ALABAMA CHANGES

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

A. Section I – Property is amended as follows:

1. The following exclusion and related provisions are added to Paragraph **B.2. Exclusions**:

a. We will not pay for loss or damage arising out of any act committed:

- (1)** By or at the direction of any insured; and
- (2)** With the intent to cause a loss.

b. However, this exclusion will not apply to deny coverage to an innocent coinsured when the loss or damage is otherwise covered under this policy and is proximately related to and in furtherance of an abusive act by an insured who is a family or household member. Such coverage will be provided only if the innocent coinsured:

- (1)** Provides evidence of the abuse to us, to demonstrate that the loss is abuse-related; and
- (2)** For the act causing the loss, either:
 - (a)** Files a complaint under the Protection From Abuse Act against the abuser, and does not voluntarily dismiss the complaint; or
 - (b)** Seeks a warrant for the abuser's arrest and cooperates in the prosecution of the abuser.

c. If we pay a claim pursuant to Paragraph **1.b.**, our payment to the innocent coinsured is limited to that insured's legal interest in the property less any payments we first made to a mortgagee or other party with a legal secured interest in the property. In no event will we pay more than the Limit of Insurance.

2. The following is added to any provision which uses the term actual cash value:

Actual cash value is calculated as the amount it would cost to repair or replace Covered Property, at the time of loss or damage, with material of like kind and quality, subject to a deduction for depreciation.

However, if Covered Property, at the time of loss or damage, has nominal or no economic value, or a value disproportionate to replacement cost less depreciation, the determination of actual cash value as set forth above is not required.

Actual cash value applies to valuation of Covered Property regardless of whether that property has sustained partial or total loss or damage.

The actual cash value of the lost or damaged property may be significantly less than its replacement cost.

3. Paragraph **E.4. Legal Action Against Us** is replaced by the following:

4. Legal Action Against Us

No one may bring a legal action against us under this insurance unless:

- a.** There has been full compliance with all of the terms of this insurance; and
- b.** The action is brought within the time limitations prescribed by Alabama law.

B. Section II – Liability is amended as follows:

1. In Paragraph **C. Who Is An Insured**, the term "executive officer" means a person holding any of the officer positions created by your charter, constitution, bylaws or any other similar governing document.

C. Section III – Common Policy Conditions is amended as follows:

- 1.** Paragraph **A.2.a. Cancellation** does not apply.
- 2.** The following is added to Paragraph **K. Transfer Of Rights Of Recovery Against Others To Us**:

If we pay an innocent coinsured for loss arising out of an act of abuse by another insured, the rights of the innocent coinsured to recover damages from the abuser are transferred to us to the extent of our payment. Following the loss, the innocent coinsured may not waive such rights to recover against the abuser.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

HIRED AUTO AND NON-OWNED AUTO LIABILITY

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

SCHEDULE

Coverage	Additional Premium
A. Hired Auto Liability	\$ 55.00
B. Non-owned Auto Liability	\$ n/a
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Insurance is provided only for those coverages for which a specific premium charge is shown in the Declarations or in the Schedule.

1. Hired Auto Liability

The insurance provided under Paragraph **A.1. Business Liability** in **Section II – Liability** applies to "bodily injury" or "property damage" arising out of the maintenance or use of a "hired auto" by you or your "employees" in the course of your business.

2. Non-owned Auto Liability

The insurance provided under Paragraph **A.1. Business Liability** in **Section II – Liability** applies to "bodily injury" or "property damage" arising out of the use of any "non-owned auto" in your business by any person.

B. For insurance provided by this endorsement only:

1. The exclusions under Paragraph **B.1. Applicable To Business Liability Coverage** in **Section II – Liability**, other than Exclusions **a., b., d., f.** and **i.** and the **Nuclear Energy Liability Exclusion**, are deleted and replaced by the following:

a. "Bodily injury" to:

(1) An "employee" of the insured arising out of and in the course of:

(a) Employment by the insured; or

(b) Performing duties related to the conduct of the insured's business; or

(2) The spouse, child, parent, brother or sister of that "employee" as a consequence of Paragraph (1) above.

This exclusion applies:

(1) Whether the insured may be liable as an employer or in any other capacity; and

(2) To any obligation to share damages with or repay someone else who must pay damages because of injury.

This exclusion does not apply to:

(1) Liability assumed by the insured under an "insured contract"; or

(2) "Bodily injury" arising out of and in the course of domestic employment by the insured unless benefits for such injury are in whole or in part either payable or required to be provided under any workers' compensation law.

b. "Property damage" to:

(1) Property owned or being transported by, or rented or loaned to the insured; or

(2) Property in the care, custody or control of the insured.



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2. Paragraph **C. Who Is An Insured** in **Section II – Liability** is replaced by the following:

1. Each of the following is an insured under this endorsement to the extent set forth below:
 - a. You;
 - b. Any other person using a "hired auto" with your permission;
 - c. For a "non-owned auto":
 - (1) Any partner or "executive officer" of yours; or
 - (2) Any "employee" of yours; but only while such "non-owned auto" is being used in your business; and
 - d. Any other person or organization, but only for their liability because of acts or omissions of an insured under **a.**, **b.** or **c.** above.
2. None of the following is an insured:
 - a. Any person engaged in the business of his or her employer for "bodily injury" to any co-"employee" of such person injured in the course of employment, or to the spouse, child, parent, brother or sister of that co-"employee" as a consequence of such "bodily injury", or for any obligation to share damages with or repay someone else who must pay damages because of the injury;
 - b. Any partner or "executive officer" for any "auto" owned by such partner or officer or a member of his or her household;

- c. Any person while employed in or otherwise engaged in duties in connection with an "auto business", other than an "auto business" you operate;
- d. The owner or lessee (of whom you are a sublessee) of a "hired auto" or the owner of a "non-owned auto" or any agent or "employee" of any such owner or lessee; or
- e. Any person or organization for the conduct of any current or past partnership or joint venture that is not shown as a Named Insured in the Declarations.

C. For the purposes of this endorsement only, Paragraph **H. Other Insurance** in **Section III – Common Policy Conditions** is replaced by the following:

This insurance is excess over any primary insurance covering the "hired auto" or "non-owned auto".

D. The following additional definitions apply:

1. "Auto business" means the business or occupation of selling, repairing, servicing, storing or parking "autos".
2. "Hired auto" means any "auto" you lease, hire, rent or borrow. This does not include any "auto" you lease, hire, rent or borrow from any of your "employees", your partners or your "executive officers" or members of their households.
3. "Non-owned auto" means any "auto" you do not own, lease, hire, rent or borrow which is used in connection with your business. This includes "autos" owned by your "employees", your partners or your "executive officers", or members of their households, but only while used in your business or your personal affairs.

Alfa Insurance[®]
P.O. BOX 11000
MONTGOMERY, AL 36191-0001



AMENDATORY POLICY PROVISIONS

Please read this carefully and keep for your records.

1. The MUTUAL CONDITIONS provisions in the Businessowner Policy issued through Alfa Mutual Insurance Company in the State of Alabama is being deleted and replaced with the following MEMBERSHIP provision:

MEMBERSHIP

While this policy is in force, the insured name in the Declarations is a member of the insurer issuing this policy with all rights and obligations of such membership, including the right to receive any dividends declared by its Board of Directors payable on this policy or policies of like kind and classification as this policy. The annual meeting of members of the insurer shall be held at its executive offices in Montgomery, Alabama, on the fourth Thursday of April in each year at 11:00 a.m., unless changed at the preceding annual meeting of members or by the Board of Directors and notice given. If a member has authorized the Board of Directors to vote as their proxy at said meeting and wishes to revoke such proxy, such member may do so by written notice to the Secretary, by registered mail to 2108 East South Boulevard, Montgomery, Alabama 36116 at least 20 days prior to said meeting.

This is a non-assessable policy.

IN WITNESS WHEREOF, this policy is signed by the President issuing this policy.

President

2. If "you" have a Church Policy issued through Alfa Mutual Insurance Company or Alfa Insurance Corporation, in the State of Alabama or the State of Georgia, the IN WITNESS THEREOF provision of "your" policy is being deleted and being replaced with:

IN WITNESS WHEREOF, this policy is signed by the President issuing this policy.

President

The following applies to policies issued through Alfa Insurance Corporation in the State of Mississippi:

3. If "you" have a Church Policy issued through Alfa Insurance Corporation, in the State of Mississippi, the IN WITNESS WHEREOF provision of "your" policy is being deleted and being replaced with:

IN WITNESS WHEREOF, this policy is signed by the President issuing this policy, but the same will not be binding upon "us" unless the declaration made a part of this policy, signed by the President of the Company issuing the policy.

President



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