

Guest is required to provide Church with evidence of comprehensive general liability insurance coverage sufficient to meet its indemnification obligations and with a combined single limit of not less than \$1,000,000 per incident and \$2,000,000 in the aggregate. If requested by Church, Guest will provide evidence that the Church, its Trustees, officers, employees, members, and other representatives have been named as additional insureds under that insurance policy. Any exception to these insurance requirements must be approved by Church in advance of Guest's initial use of the Property.

Below is a sample of what is required on a certificate of insurance.

	THEUNIT-02	SABRELL	DATE (MM/DD/YYYY) 3/20/2024
CERTIFICATE OF LIABILITY INSURANCE			
<p>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.</p> <p>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).</p>			
PRODUCER License # 18578371 American Church Group 2855 S 70th Street Ste 101 Lincoln, NE 68506	CONTACT NAME: PHONE (A/C, No, Ext): (877) 786-0831 FAX (A/C, No): E-MAIL ADDRESS: gpumc@americanchurchgroup.com		
INSURED Church Of The Resurrection- United Methodist 5001 W 137th St A & B Leawood, KS 66224 Organization Name and Address listed here	INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Brotherhood Mutual Ins Co 13528 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :		
COVERAGES		CERTIFICATE 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.		REVISION NUMBER:	
INSR LTR	TYPE OF INSURANCE	ADDD INSR	SUBR WVD
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: General Aggregate	Y	
	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)
	15MLA0513596		1/1/2024
			POLICY EXP (MM/DD/YYYY)
			1/1/2025
			LIMITS
			EACH OCCURRENCE \$ 1,000,000
			DAMAGE TO RENTED PREMISES (Per occurrence) \$ 300,000
			MED EXP (Any one person) \$ 5,000
			PERSONAL & ADV INJURY \$ 1,000,000
			GENERAL AGGREGATE \$ 2,000,000
			PRODUCTS - COMP/OP AGG \$ 2,000,000
			COMBINED SINGLE LIMIT (Per accident) \$
			BODILY INJURY (Per person) \$
			BODILY INJURY (Per accident) \$
			PROPERTY DAMAGE (Per accident) \$
			EACH OCCURRENCE \$
			AGGREGATE \$
			DED \$
			RETENTION \$
			PER STATUTE OTH-ER
			E.L. EACH ACCIDENT \$
			E.L. DISEASE - EA EMPLOYEE \$
			E.L. DISEASE - POLICY LIMIT \$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Additional Insured should be provided when requested.			
CERTIFICATE HOLDER		CANCELLATION	
Church of the Resurrection- United Methodist 5001 W 137th St A & B Leawood, KS 66224		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 	