



Policy Number 37M9A0298341
 Brotherhood Mutual Insurance Company
 Print Date: October 7, 2016
 Policy Period: 11/15/2014 to 11/15/2017

717-763-5668
James O Bower Insurance Inc 0738-002
 PO Box 1310
 Mechanicsburg, PA 17055-1310

Contact your agent with your customer service questions, including updating your policy or reporting a claim.

www.brotherhoodmutual.com/payonline
 For your convenience, you can make premium payments online.

MinistryFirstSM Commercial Multi-Peril Insurance Coverage Summary

These are your policy's Declarations.
 Amended Effective Date: 11/15/2016
 See Policy Change History

THE SYNOD OF THE TRINITY
 3040 Market St
 Camp Hill, PA 17011-4539

NAMED INSURED	THE SYNOD OF THE TRINITY
POLICY NUMBER	37M9A0298341
POLICY PERIOD	11/15/2014 to 11/15/2017 at 12:01 a.m.

Key Facts About Your Policy

These Declarations replace your previous ones. Your policy's Declarations contain a summary of the coverage contained in the insurance policy. Your policy contains a full explanation of your coverage.

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.

TYPE OF ORGANIZATION: Association Office Institution
FORM OF ORGANIZATION: Corporation

Policy Overview

COVERAGE DESCRIPTION	DETAILS	COVERAGE DESCRIPTION	DETAILS
Property Coverage	Page 2 - 5	Terrorism Premium	\$179 (See Notice Form BN6025A-D 3.1 for details)
Liability Coverage	Page 6 - 11		
Excess Liability Coverage	Page 12 - 12		

Policy Premium Overview

This premium is subject to adjustment at each anniversary. This premium is subject to adjustment due to premium audit provision.

ANNUAL PREMIUM: \$6,206.00 **PAYMENT SCHEDULE:** See invoice.

Common Policy Forms

FORM	FORM NAME	FORM	FORM NAME
CL100 1.0	Common Policy Conditions	CL300 1.0	Amendatory Endorsement
CP11.0	Table of Contents	BCP100PA 4.0	Commercial Property Coverage Conditions
GL100 1.0	Commercial Liability Coverage	BSEB100 4.0	Systems/Equipment Breakdown Coverage
BCL301 1.0	Form Number Reference	BN11A 1.1	Customer Notice Value-Added Benefits
CL0124 10 06	Amendatory Endorsement Pennsylvania	ML120 2.0	Ins Consultation Serve Exempt Act Notice
BN1B 1.0	Notice Of Payment-Related Charges	BCL100PA 1.1	Additional Policy Conditions
EX0606 1.0	Conditional Terrorism Exclusion	BN6EX 1.0	Notice - Terrorism-Related Loss
BN6025A-D 3.1	Notice Terrorism-Related Loss		

Property Coverage Summary

MinistryFirstSM commercial multi-peril policy Declarations continued...

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

Property Coverage Details

PROPERTY DEDUCTIBLE \$1,000
 GLASS DEDUCTIBLE \$1,000

Schedule of Locations

LOCATION #	DESCRIPTION	ADDRESS
0101	Office	3040 Market St Camp Hill, PA 17011-4539
GRPA	Occupancy	See Statement of Values

Schedule of Buildings and Personal Property

OFFICE	3040 Market St Camp Hill, PA 17011-4539						LOCATION 0101
COVERAGE DESCRIPTION (INCL. TYPE OF PROPERTY)	COVERAGE LIMIT	COINSURANCE	EQ DED	VALUATION TYPE	AUTO INCR	PERIL TYPE	FORM
Building	See Combined Schedule						
Personal Property	See Combined Schedule						

Combined Schedule(s) of Buildings and Personal Property (Includes Statement of Values) - BCP-147

GROUP A		COMBINED LIMIT: 1,900,000	
COINSURANCE:	Agreed Amount	AUTOMATIC INCREASE:	No
VALUATION TYPE:	Replacement Cost	PERIL FORM:	BCP85PA 4.0
PERIL TYPE:	Special with Theft	EARTHQUAKE DEDUCTIBLE:	Exclude coverage
COVERAGE DESCRIPTION (INCL. TYPE OF PROPERTY)	ROOF SETTLEMENT OPTION		VALUE
Location 00001/00001 (Office): 3040 Market St, Camp Hill, PA, 17011-4539			
Building	Actual Cash Value		1,500,000
Personal Property	N/A		400,000

Property Coverage Summary

MinistryFirstSM commercial multi-peril policy Declarations continued...

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Schedule of Additional Coverages: All Locations

The policy's property deductible applies to each of these coverages. Details are found on the Commercial Property Coverages BCP12PA 4.0 form.

COVERAGE DESCRIPTION	COVERAGE LIMIT	DEDUCTIBLE	FORM
Property Off Premises	\$25,000+	\$1,000	BCP12PA 4.0
Inter-Continent	\$2,500/Item, \$25,000 total+	\$1,000	BCP12PA 4.0
Owned Personal Property - Parsonage	\$2,500	\$1,000	BCP12PA 4.0
Building/Personal Property - Newly Acquired/Constructed	\$2,000,000++	\$1,000	BCP12PA 4.0
Outside Objects/Structures	\$15,000/category, \$20,000 Total	\$1,000	BCP12PA 4.0
For any one tree, shrub, or plant	\$1,000	\$1,000	BCP12PA 4.0
Each loss caused by wind	\$2,500	\$1,000	BCP12PA 4.0
Detached Structures and their Contents (Unscheduled)	\$10,000 for structures, \$10,000 for Contents	\$1,000	BCP12PA 4.0
Owned Personal Property - Dwellings	5% of dwelling value	\$1,000	BCP12PA 4.0
Contents - Buildings and Structures Described on the Declarations	\$10,000+++	\$1,000	BCP12PA 4.0
Trailers	\$10,000	\$1,000	BCP12PA 4.0
Vehicle Equipment and Accessories	\$10,000	\$1,000	BCP12PA 4.0
Money and Securities	\$5,000 (Loss from specified perils only. Doubled on specified holidays)	\$1,000	BCP12PA 4.0
Spoilage	\$5,000	\$1,000	BCP12PA 4.0
Damage to Buildings and Personal Property from Animals	\$2,500 (Except types of damage excluded in policy form)	\$1,000	BCP12PA 4.0
Building Glass	Included; no per pane or per plate limits	\$1,000	BCP12PA 4.0

+ If the loss resulted from a covered peril and the property is off premises for no longer than 180 days.

++ Coverage applies for 180 days from the time construction begins or the new property is acquired.

+++ Only applies if the limit of insurance shown for the structure is no more than \$10,000 and there is no limit of Organizational Personal Property shown on the declarations for the structure.

The policy's property deductible does not apply to the following coverages. Details are found on the Commercial Property Coverages BCP12PA 4.0 form.

COVERAGE DESCRIPTION	COVERAGE LIMIT	FORM
Debris Removal Expense - Partial or Total Loss	Partial Loss: Remaining Limit for Covered Property - Total Loss: \$10,000	BCP12PA 4.0
Emergency Removal	Coverage applies up to 30 days after property is first moved	BCP12PA 4.0
Fire Department Service Charges	\$25,000	BCP12PA 4.0
Fire Extinguisher Recharge	\$25,000 if recharged within 30 days	BCP12PA 4.0
Pollutant Clean-Up and Removal	\$10,000 (annual aggregate)*	BCP12PA 4.0
Installed Lock Recalibration	\$5,000 if recalibrated within 10 days	BCP12PA 4.0
Arson Reward	\$15,000**	BCP12PA 4.0
Papers and Records	\$25,000	BCP12PA 4.0
Personal Property Owned by Others (non-clergy)	\$2,500 per person/\$10,000 maximum (excess)***	BCP12PA 4.0
Personal Property Owned by Clergy	\$30,000 (excess)***	BCP12PA 4.0
Theft or Vandalism Reward	\$5,000**	BCP12PA 4.0

* If the loss resulted from a covered peril and was reported within 180 days.

** Or the amount paid to the insured as a result of the direct loss, if less than the limit stated above.

*** Additional limits are available

Property Coverage Summary

MinistryFirstSM commercial multi-peril policy Declarations continued...

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

Optional Coverages: All Locations

Combined Ordinance or Law Enforcement Coverage

COVERAGE DESCRIPTION	COVERAGE LIMIT	DEDUCTIBLE	FORM
Increased Building Loss (Ord & Law A)	\$350,000	\$1,000	BCP138BPA 1.0
Increased Debris Removal (Ord & Law B)	\$100,000	\$1,000	BCP138BPA 1.0
Increased Cost of Construction (Ord & Law C)	\$100,000	\$1,000	BCP138BPA 1.0

Organizational Optional Theft Coverage

COVERAGE DESCRIPTION	COVERAGE LIMIT	DEDUCTIBLE	FORM
Theft of Money & Securities (Thft M & S)	\$12,000	\$250	BCP36PA 4.0
Theft of Building Materials (Thft Bldg Mtls)	\$5,000	\$250	BCP36PA 4.0

Ministry Personnel Dishonesty Coverage

COVERAGE DESCRIPTION	COVERAGE LIMIT	DEDUCTIBLE	FORM
Personnel Dishonesty Coverage	\$100,000	N/A	BCP37APA 4.0

Income, Extra Expense, and Donations Coverage Part

COVERAGE DESCRIPTION	COVERAGE LIMIT	DEDUCTIBLE	FORM
Earnings and Expenses	\$25,000	N/A	BCP71PA 1.0
Extra Expense	\$100,000	N/A	BCP71PA 1.0

Water Damage Coverage Part

COVERAGE DESCRIPTION	COVERAGE LIMIT	DEDUCTIBLE	FORM
Water Damage	\$2,500	\$1,000	BCP25PA 4.0

Sewer and Drain Backup Extension

COVERAGE DESCRIPTION	COVERAGE LIMIT	DEDUCTIBLE	FORM
Sewer/Drain Backup Extension	See Building/Personal Property Limit	\$1,000	BCP135PA 4.0

Systems / Equipment Breakdown Coverage

COVERAGE DESCRIPTION	COVERAGE LIMIT	DEDUCTIBLE	FORM
Systems/Equipment Breakdown Coverage	Building/Personal Property Limit	\$1,000	BSEB100 4.0



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Property Coverage Summary

MinistryFirstsm commercial multi-peril policy Declarations continued...

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Other Optional Coverages

COVERAGE DESCRIPTION	COVERAGE LIMIT	DEDUCTIBLE	FORM
Certified and Non-Certified Terrorism Loss	\$1,900,000	\$1,000	BCL0600PA 3.0
Interior Building Damage Coverage-Including Gutters/ Downspouts Coverage	\$1,900,000	\$1,000	BCP49PA 4.0
Rented Personal Property of Others	\$10,000	\$1,000	BCP12PA 4.0

Additional Property Forms

FORM	FORM NAME	FORM	FORM NAME
BCP0643 01 08	Exclusion - War and Military Action	BCP147 1.0	Blanket/Combined Valuation Form
BCP500PA 4.0	Loss-Free Ded Reduction Endorsement	BCP88PA 4.0	Earth Movement & Volcanic Eruption Excl
BCP915PA 4.0	Property Coverage Modification- ACV Roof	BN12V 1.0	Notice Regarding Building Valuation
CP0171 10 08	Exclusion Water Damage	CP0619 10 06	Amendatory Endorsement Pennsylvania
CP132 1.0	Loss Payable Options	BCP85PA 4.0	Special Perils Part
BN2567 1.0	Notice Water Damage/Flood Coverage	BN100 1.0	Notice Boiler Inspections
CL1630 06 06	Conditional Terrorism Exclusion	EX0651PA 2.3	NBC Terrorism Exclusion

Additional Interests

NAME	TYPE	LOAN NUMBER	INTEREST	ADDRESS
Mailfinance Inc	Loss Payee	N14053029	Lessor Mail MacHine	PO Box 3547 Bellevue, WA 98009 -3547

Liability Coverage Summary

MinistryFirstsm commercial multi-peril policy Declarations continued...

The Coverages listed here are provided according 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 a limit applies. For application of limits, see Liability and Medical Coverage form (BGL11PA 4.0).

Key Liability Coverage Facts: Schedule of Limits

GENERAL OCCURRENCE LIMIT	\$1,000,000
GENERAL AGGREGATE LIMIT	\$3,000,000

Principal Liability Coverages

COVERAGE DESCRIPTIONS	COVERAGE LIMIT	COVERAGE AGGREGATE LIMIT	FORM
Bodily Injury/Property Damage Liability (L)	\$1,000,000*	\$3,000,000*	GL100 1.0
Medical Payments (M)	\$5,000*+	\$3,000,000*	GL100 1.0
Products/Completed Work (N)	\$1,000,000*	\$3,000,000*	GL100 1.0
Fire Legal Liability (O)	\$300,000*	\$900,000*	BGL951PA 3.0

Supplemental Coverages

COVERAGE DESCRIPTIONS	COVERAGE LIMIT	COVERAGE AGGREGATE LIMIT	FORM
Incidental Contractual Liability	\$1,000,000*	\$3,000,000*	GL100 1.0
Incidental Medical Malpractice	\$1,000,000*	\$3,000,000*	GL100 1.0
Mobile Equipment	\$1,000,000*	\$3,000,000*	GL100 1.0

Additional Coverages

COVERAGE DESCRIPTIONS	COVERAGE LIMIT	COVERAGE AGGREGATE LIMIT	FORM
Ordination/Placement Liability Coverage	\$1,000,000*	\$3,000,000*	BGL57 4.0
Membership Emotional Injury Liability Coverage	\$1,000,000*	\$3,000,000*	BGL57 4.0
Supervision-Related Emotional Injury Liability Coverage	\$1,000,000*	\$3,000,000*	BGL57 4.0
Food Preparation Liability Coverage	\$1,000,000*	\$3,000,000*	BGL57 4.0
Privacy Violation Liability Coverage	\$1,000,000*	\$3,000,000*	BGL57 4.0
Damage to Property of Others Coverage	\$1,000,000*	\$3,000,000*	BGL57 4.0
Not in Your Control	\$1,000*+	\$3,000,000*	BGL57 4.0
In Your Control	\$2,500*+	\$3,000,000*	BGL57 4.0
Prosthetic Devices	\$500*+	\$3,000,000*	BGL57 4.0
Additional Incidental Contractual Liability Coverage	\$1,000,000*	\$3,000,000*	BGL57 4.0

Defense Coverage

Applies in addition to the liability limit unless otherwise specifically stated in an applicable coverage form.

* 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.
 + per person limit

Liability Coverage Summary

MinistryFirstSM commercial multi-peril policy Declarations continued...

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Counseling Acts Professional Liability Coverage

COVERAGE DESCRIPTIONS	COVERAGE LIMIT	COVERAGE AGGREGATE LIMIT	FORM
Counseling Acts Liability Coverage	\$1,000,000*	\$3,000,000*	BGL63 4.0
Outside Counseling Reimbursement Coverage	\$5,000+	\$3,000,000*	BGL63 4.0

Cyber Liability Coverage

COVERAGE DESCRIPTIONS	COVERAGE LIMIT	COVERAGE AGGREGATE LIMIT	FORM
Computer Use Liability Coverage	\$1,000,000*	\$3,000,000*	BGL87 4.0
Electronic Commerce Liability Coverage	\$1,000,000*	\$3,000,000*	BGL87 4.0
Data Breach Liability Coverage	\$1,000,000*	\$3,000,000*	BGL87 4.0
Outsourced IT Liability Coverage	\$1,000,000*	\$3,000,000*	BGL87 4.0
Special Reimbursement Coverage (Data Breach Rectification Costs)	\$250,000	\$250,000	BGL87 4.0
Special Reimbursement Coverage (Electronic Discovery Costs)	\$100,000	\$100,000	BGL87 4.0
Special Defense Coverage	\$100,000	\$100,000	BGL87 4.0

Defense Reimbursement Coverage

COVERAGE DESCRIPTIONS	COVERAGE LIMIT	COVERAGE AGGREGATE LIMIT	FORM
Legal Liability Defense Reimbursement Coverage	See Form BGL89	See Form BGL89	BGL89 4.0

Directors and Officers Liability Coverage

COVERAGE DESCRIPTIONS	COVERAGE LIMIT	COVERAGE AGGREGATE LIMIT	FORM
Directors and Officers (Leadership) Liability Coverage	\$1,000,000*	\$3,000,000*	BGL81 4.0

Disaster Relief Liability Coverage

COVERAGE DESCRIPTIONS	COVERAGE LIMIT	COVERAGE AGGREGATE LIMIT	FORM
Emotional Injury and Financial Damage Liability	\$1,000,000*	\$3,000,000*	BGL994 1.0
Additional Medical Expense Coverage	\$50,000+	\$250,000 per occurrence	BGL994 1.0
Broadened Wage Loss Reimbursement Coverage	\$10,000+	\$50,000 per occurrence	BGL994 1.0
Damage to Relief Worker's Tools and Equipment Coverage	\$2,500+	\$10,000 per occurrence	BGL994 1.0
Primary Liability Coverage for Relief Workers	\$1,000,000*	\$3,000,000*	BGL994 1.0

Employment Practices ("Employment Pract") Liability Coverage

COVERAGE DESCRIPTIONS	COVERAGE LIMIT	COVERAGE AGGREGATE LIMIT	FORM
Employment-Related Liability Coverage	\$1,000,000*	\$3,000,000*	BGL85 4.0

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 + per person limit

Liability Coverage Summary

MinistryFirstSM commercial multi-peril policy Declarations continued...

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Fire Legal/Nonowned Property Damage Liability Coverage

COVERAGE DESCRIPTIONS	COVERAGE LIMIT	COVERAGE AGGREGATE LIMIT	FORM
Nonowned Property Damage Liability Coverage	\$300,000*	\$900,000*	BGL951PA 3.0
Additional Incidental Contractual Liability Coverage	\$300,000*	\$900,000*	BGL951PA 3.0

Media Liability Coverage

COVERAGE DESCRIPTIONS	COVERAGE LIMIT	COVERAGE AGGREGATE LIMIT	FORM
Personal Injury Liability Coverage (Media/Communications Activity)	\$1,000,000*	\$3,000,000*	BGL41 1.0
Personal Injury Liability Coverage (Personal Violations)	\$1,000,000*	\$3,000,000*	BGL41 1.0
Personal Injury Liability Coverage (Unauthorized Access/Posting)	\$1,000,000*	\$3,000,000*	BGL41 1.0
Special Defense Coverage (Alleged Intentional Acts)	\$1,000,000*	\$3,000,000*	BGL41 1.0

Medical Coverage

COVERAGE DESCRIPTIONS	COVERAGE LIMIT	COVERAGE AGGREGATE LIMIT	FORM
Religious Athletic Medical Coverage	\$5,000*+	\$3,000,000*	BGL91 4.0

Nonowned Vehicle Coverage

COVERAGE DESCRIPTIONS	COVERAGE LIMIT	COVERAGE AGGREGATE LIMIT	FORM
Nonowned Vehicle Liability Coverage	\$1,000,000*	\$3,000,000*	BGL71PA 4.0
Defense Coverage: Authorized Operator	\$1,000,000*	\$3,000,000*	BGL71PA 4.0
Rental Vehicle Physical Damage Coverage	\$45,000 per vehicle, \$500 deductible	\$90,000*	BGL71PA 4.0
Loss of Use Coverage	\$500 per vehicle	\$1,000**	BGL71PA 4.0
Trip Occupant Coverage	\$500*+	\$3,000,000*	BGL71PA 4.0
Damage to Property of Others Coverage	\$500*	\$3,000,000*	BGL71PA 4.0
Nonowned Vehicle Deductible Reimbursement Coverage	\$1,000*	\$3,000,000*	BGL71PA 4.0

Other Liability Coverage

COVERAGE DESCRIPTIONS	COVERAGE LIMIT	COVERAGE AGGREGATE LIMIT	FORM
Terrorism Liability Coverage	\$1,000,000	\$3,000,000	BGL0250PA 3.1

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Liability Coverage Summary

MinistryFirstSM commercial multi-peril policy Declarations continued...

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Religious Freedom Coverage

COVERAGE DESCRIPTIONS	COVERAGE LIMIT	COVERAGE AGGREGATE LIMIT	FORM
Religious Communication Liability Coverage	\$1,000,000*	\$3,000,000*	BGL66 1.0
Religious Activity Liability Coverage	\$1,000,000*	\$3,000,000*	BGL66 1.0
Discriminatory Acts Liability Coverage	\$1,000,000*	\$3,000,000*	BGL66 1.0
Tax Exempt Challenge: Expense Reimbursement Coverage	\$25,000*	\$25,000*	BGL66 1.0
Litigation Activity: Legal Defense Reimbursement Coverage	See form	See form	BGL66 1.0
Litigation Activity: Declaratory Action Reimbursement Coverage	See form	See form	BGL66 1.0

Sexual Acts Liability Coverage

COVERAGE DESCRIPTIONS	COVERAGE LIMIT	COVERAGE AGGREGATE LIMIT	FORM
Sexual Acts Liability Coverage With Screening	\$300,000*	\$300,000*	BGL61 4.0
Sexual Harassment Liability Coverage (other than your employees)	\$300,000*	\$300,000*	BGL61 4.0
Improper Reporting of Sexual Acts Liability Coverage	\$300,000*	\$300,000*	BGL61 4.0
Improper Supervision of Convicted Sexual Offenders Liability Coverage	\$300,000*	\$300,000*	BGL61 4.0
Outside Counseling Reimbursement Coverage	\$5,000*+	\$100,000*	BGL61 4.0
Sexual Acts Medical Payment Extension	\$5,000*	\$100,000*	BGL61 4.0
Image Restoration Extension	\$10,000*	\$300,000*	BGL61 4.0

Wage Reimbursement Coverage

COVERAGE DESCRIPTIONS	COVERAGE LIMIT	COVERAGE AGGREGATE LIMIT	FORM
Wage Loss Reimbursement Coverage	\$3,500+	\$35,000 per occurrence	BGL99 4.0

Worldwide Liability Extension Coverage

COVERAGE DESCRIPTIONS	COVERAGE LIMIT	COVERAGE AGGREGATE LIMIT	FORM
Media/Communications/E-Commerce/Sales Activity (International Coverage)	See form	See form	BGL111T 1.1
Worldwide Defense Coverage	See form	See form	BGL111T 1.1
Limited Worldwide Kidnap and Extortion Expense Reimbursement Coverage	See form	See form	BGL111T 1.1
Expanded Medical Coverage for Short-Term Foreign Trip Participants	See form	See form	BGL111T 1.1

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Liability Coverage Summary

MinistryFirstSM commercial multi-peril policy Declarations continued...

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Schedule of Liability Exposures

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

EXPOSURE DESCRIPTIONS	ADDRESS / BUILDING DESCRIPTION	CODE	RATING BASIS
Offices - NOC	Location 1 Building 1 Office	04504	8,525 Square Feet
Seminars, Retreats, Conferences	3040 Market St Camp Hill PA 17011-4539	18800	12 Locations & Days
Conventions	3040 Market St Camp Hill PA 17011-4539	30120	22 Each

High Hazard Activities

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

ACTIVITY DESCRIPTION	MEDICAL LIMIT	OCCURRENCE LIMIT	COVERAGE AGGREGATE LIMIT	FORM
Skate Park Operations	\$0 per person	\$100,000	\$300,000	BGL21 4.0
Fireworks Sales	\$0 per person	\$100,000	\$300,000	BGL21 4.0
Fireworks Display	\$0 per person	\$100,000	\$300,000	BGL21 4.0
Construction Oversight	\$0 per person	\$100,000	\$300,000	BGL21 4.0

Other Liability and Medical Forms

FORM	FORM NAME	FORM	FORM NAME
BGL100A1PA 2.2	Commercial Liability Endorsement	BGL11PA 4.0	Liability And Medical Coverage Form
BGL152 1.0	Additional Insured Endorsement	EX909PA 1.0	Asbestos Exposure Exclusion
GL0163 01 08	Exclusion War and Military Action	GL0950 12 99	Known Injury or Damage Amendments
GL1034 04 11	Amendatory Endors. Def Costs Reimb - PA	GL409 1.0	Amendatory Endorsement Pennsylvania
GL890 1.0	Lead Liability Exclusion	BGL939AI 1.0	Additional Insured - Excess Liability
EX939EPA 1.0	Additional Exclusions	EX0281PA 2.4	NBC Terrorism Exclusion
GL1270 06 06	Conditional Terrorism Exclusion		

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Additional Insureds

NAME	LOAN/REFERENCE NUMBER	INTEREST	ADDRESS
None	None	None	None

Schedule of Additional Covered Ministries

The operations listed herein are covered as a ministry of the Named Insured, subject to all of the terms of the policy. No separate limit of coverage applies to the listed ministry operation(s).

NAME	ADDRESS
None	None

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Commercial Excess Liability Supplemental Coverage Summary

MinistryFirstSM commercial multi-peril policy Declarations continued...

In return for the payment of the premium, and subject to all the terms of the policy, we agree with you to provide the insurance as stated in the Excess/Umbrella Liability Coverage endorsement BGL939 4.0.

Key Excess Liability Coverage Facts

NAME OF INSURED	THE SYNOD OF THE TRINITY
ADDRESS	3040 Market St, Camp Hill, PA 17011-4539
EXCESS LIABILITY POLICY PERIOD	11/15/2014 to 11/15/2017 at 12:01 a.m. at the location listed above
EXCESS LIABILITY ANNUAL PREMIUM	\$650

Excess Liability Coverage - Limit of Insurance

Coverage Limit (per Occurrence)	\$2,000,000
Coverage Aggregate Limit	\$2,000,000
Deductible/Retention	N/A

Optional Excess Coverage Information

COVERAGE	STATUS	LIMIT
Directors and Officers	Excluded	N/A
Sexual Acts	Excluded	N/A
Employment Practices	Excluded	N/A

Schedule of Underlying Insurance

TYPE	INSURER	POLICY PERIOD	POLICY NUMBER	LIMITS OF LIABILITY
General Liability	Brotherhood Mutual Insurance Company	11/15/2014 - 11/15/2017	37M9A0298341	\$1,000,000 Occ/\$3,000,000 Agg
Employer's Liability	Brotherhood Mutual Insurance Company	See applicable declarations page.	37W0298566	\$100,000/\$500,000/\$100,000

Policy Change History

MinistryFirstsm commercial multi-peril policy change history.

Change History

CHANGE EFF DATE	CHANGE DESCRIPTION	PREMIUM IMPACT	PROCESSED DATE
11/15/2016	RATE REVISION	See declarations.	10/07/2016
11/15/2014	RATE REVISION	See declarations.	12/01/2015
11/15/2015	RATE REVISION	See declarations.	10/13/2015