

Policy Number GL 201969

Renewal of GL 201875



**Insurance Company of Vermont**

126 College Street, Suite 400, Burlington, Vermont 05401  
(802) 860-1958

## Commercial General Liability Coverage Declarations

Policy Period

From: 01-01-11

To: 01-01-12

At 12:01 A.M., Standard Time at the Named Insured Address

General Conference Corporation of Seventh-day  
Adventists, but only as respects any and all liability  
arising out of:

Administered by:

Adventist Risk Management, Inc.  
12501 Old Columbia Pike  
Silver Spring, MD 20904

Northern New England Conference Association of Seventh-day Adventists  
91 Allen Avenue, Portland, ME 04103 and their affiliated organizations

**IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL TERMS OF THIS POLICY, WE AGREE WITH YOU TO  
PROVIDE THE INSURANCE AS STATED IN THIS POLICY.**

Form of Business:  Individual  Joint Venture

Partnership  Organization

Description of Business: Religious Organization

### LIMITS OF INSURANCE

Each Occurrence Limit	\$1,000,000
Personal and Advertising Injury Aggregate Limit	\$1,000,000
Fire Damage Limits	\$1,000,000 any one fire
Medical Expense Limit	\$10,000 any one person
	\$25,000 any one occurrence

### PREMIUM

See Attached Schedules

Total Advance Premium: \$ 16,527

### FORMS AND ENDORSEMENTS

Forms and Endorsements applying to this Coverage Part and made part of this policy at time of issue:

Refer to Summary of Endorsements for a listing of endorsements in force on this policy.

IN WITNESS WHEREOF, the Company has caused this policy to be executed and attested, and, if required by state law, this policy shall not be valid unless countersigned by a duly authorized representative of the company.

Authorized Signature

2011.03.01 16:05:07  
-05'00'

Date

These declarations together with the Common Policy Conditions, Coverage Part Declarations, Coverage Part Coverage Form(s) and forms and endorsements, if any, issued to form a part thereof, complete the above numbered policy.



Insurance Company of Vermont  
 126 College Street, Suite 400, Burlington, Vermont 05401  
 (802) 860-1958

Policy No. EP20853  
 Renewal of EP20766

**EMPLOYMENT PRACTICES LIABILITY COVERAGE**

**DECLARATIONS**

ITEM 1. NAMED INSURED AND ADDRESS (NO., STREET, TOWN, STATE, ZIP)

General Conference Corporation of Seventh-day Adventists but only as respects any and all liability arising out of the operations of Northern New England Conference of Seventh-day Adventists, 91 Allen Avenue, Portland, ME 04103 and their affiliated organizations.

ITEM 2. POLICY PERIOD: From 01-01-11 to 01-01-12  
 at 12:01 a.m. Standard Time at your mailing address shown above.  
 IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

ITEM 3. LIMITS OF LIABILITY:

A. EACH INSURED EVENT	\$ 1,000,000.
B. EACH POLICY PERIOD	\$10,000,000.

ITEM 4. COVERAGES

DISCRIMINATION	YES
INAPPROPRIATE EMPLOYMENT PRACTICES	YES
SEXUAL HARASSMENT	YES
SEXUAL MISCONDUCT	YES
SEXUAL MOLESTATION	YES

ITEM 5. DEDUCTIBLE: \$0 for Sexual Misconduct. \$10,000 for all the other Coverages.

ITEM 6. RETROACTIVE DATE: January 1, 1995

ITEM 7. FORMS AND ENDORSEMENTS THAT APPLY AT THE EFFECTIVE DATE OF THE POLICY:

GICV 501	07 10	Declarations Page
GICV 100	12 09	Policy Conditions
GICV 125	06 10	Installment Billing Schedule - Endorsement A
GICV 707	12 08	Extension of Declarations
GICV 500	05 10	Employment Practices Coverage Part

ITEM 8. PREMIUM: \$ 13,780

Authorized Signature

2011.01.05 16:13:15 -05'00'

Date



The company providing the insurance afforded by this coverage part is indicated above.

**BUSINESS AUTOMOBILE COVERAGE PART DECLARATIONS**

**ITEM ONE**

**POLICY NUMBER: GICV 008 153-09**

**NAMED INSURED:** Northern New England Conference Association & Maine Conf. Assn. of SDA

**POLICY PERIOD:** FROM: 1/1/2011 TO: 1/1/2012

12:01 A.M. Standard Time at your mailing address.

**PRIOR POLICY NUMBER: GICV 008 153-08**

**ITEM TWO – SCHEDULE OF COVERAGES AND COVERED AUTOS**

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos." "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTO Section of the Business Auto Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTOS <small>(Entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form shows which autos are covered autos)</small>	LIMIT <small>The most we will pay for any one accident or loss</small>	PREMIUM
LIABILITY	1	1,000,000	\$10,909
PERSONAL INJURY PROTECTION (or equivalent No-Fault Coverage)		SEPARATELY STATED IN EACH PIP ENDORSEMENT Minus N/A Ded.	\$0
ADDED PERSONAL INJURY PROTECTION (or equivalent Added No-Fault Coverage)		SEPARATELY STATED IN EACH ADDED PIP ENDORSEMENT	
PROPERTY PROTECTION INSURANCE (Michigan only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS N/A Ded. FOR EACH ACCIDENT	
AUTO MEDICAL PAYMENTS	7	\$ Various PER PERSON	\$899
UNINSURED MOTORISTS	6,7	\$ Various	\$682
UNDERINSURED MOTORISTS (When Not Included in Uninsured Motorist Coverage (This cov. not applicable in N.Y.))		\$ Various	\$0
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE	7,8	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS MINUS \$ Various Ded. FOR EACH COVERED AUTO BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING. See ITEM FOUR for hired or	\$738.00
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS MINUS N/A Ded. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM. See ITEM FOUR for hired or borrowed "autos."	
PHYSICAL DAMAGE COLLISION COVERAGE	7,8	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS MINUS \$ Various Ded. FOR EACH COVERED AUTO . See ITEM FOUR for hired or borrowed "autos."	\$1,727
PHYSICAL DAMAGE TOWING AND LABOR (Not Available in California)		See ITEM THREE Schedule for limits for each disablement of a private passenger auto.	
RATING DATE 11/11/2010		PREMIUM FOR ENDORSEMENTS	\$0.00
ISSUE DATE 12/14/2010		ESTIMATED PREMIUM FOR THIS COVERAGE PART	\$14,955

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Insurance Company of Vermont

126 College Street, Suite 400, Burlington, Vermont 05401  
(802) 860-1958

### PROPERTY INSURANCE POLICY

Declarations Page

INSURED:

POLICY NUMBER: PR102090

**General Conference Corporation of Seventh-day Adventists and its affiliated organizations and the following additional insured:**

Administered by:  
Adventist Risk Management, Inc.  
12501 Old Columbia Pike  
Silver Spring, MD 20904

Northern New England Conf. Assn. & Maine Conf Assn. of SDA  
91 Allen Avenue  
Portland, ME 04103

IN RETURN FOR YOUR PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

Form of Business:  Individual  Joint Venture  Partnership  Organization  
Description of Business: Religious Organization

1. POLICY PERIOD: FROM: 1/1/2011 TO: 1/1/2012  
AT 12:01 A.M. STANDARD TIME AT THE LOCATION OF THE PROPERTY COVERED HEREIN.

2. INSURANCE IS PROVIDED ONLY AGAINST THOSE CAUSES OF LOSS, AND FOR THOSE COVERAGES AND KINDS OF PROPERTY FOR WHICH A SPECIFIC AMOUNT OR LIMIT OF LIABILITY IS SHOWN BELOW OR IN SCHEDULES OR COVERAGE PARTS INCORPORATED HEREIN, SUBJECT TO ALL THE TERMS OF THE POLICY AND ALL ARTICLES AND AMENDMENTS MADE A PART HEREOF.

3. COMMERCIAL PROPERTY LIMITS AS FOLLOWS:  
A. Building and Personal Property Blanket Limit per Schedule on file with company: \$71,801,249  
B. Business Income (and Extra Expense): \$ 500,000  
Ordinance or Law \$ 2,000,000

4. POLICY DEDUCTIBLES: BLDG \$1,000 CNT: \$1,000 *OTHER OPTIONAL DEDUCTIBLES MAY APPLY, SEE ENDORSEMENTS	POLICY CO-INSURANCE (IF ANY) BLDG: None TO APPLY: CNT: None
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5. FORMS TO APPLY: See Summary of Endorsements

6. TOTAL PREMIUM: \$139,772

7. MORTGAGEES OR OTHER LENDERS	Per Schedule on File
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IN WITNESS WHEREOF, THE COMPANY HAS CAUSED THIS POLICY TO BE EXECUTED AND ATTESTED, AND, IF REQUIRED BY STATE LAW, THIS POLICY SHALL NOT BE VALID UNLESS COUNTERSIGNED BY A DULY AUTHORIZED REPRESENTATIVE OF THE COMPANY.

Authorized Signature

2010.12.15 11:31:14 -05'00'  
Date