

AMENDMENT TO AGREEMENT

This Amendment of the Agreement, entered into this _____ day of _____, 2023, by and between the CITY OF ALAMEDA, a municipal corporation (hereinafter "the City") and CHRIST EPISCOPAL CHURCH ALAMEDA, a California corporation, whose address is 1700 Santa Clara Avenue, Alameda, CA 94501, (hereinafter "Provider"), is made with reference to the following:

RECITALS:

A. On January 18 2023, an agreement was entered into by and between the City and Provider (hereinafter "Agreement") in an amount not to exceed \$70,000, for Winter Warming Services.

B. Whereas, the City Council authorized the City Manager to execute this amendment on _____.

C. The City and Provider desire to modify the Agreement on the terms and conditions set forth herein.

NOW, THEREFORE, it is mutually agreed by and between the undersigned parties as follows:

1. Paragraph 3, COMPENSATION TO PROVIDER, is modified to read as follows:

a. By the 7th day of each month, Provider shall submit to the City an invoice for the total amount of work done the previous month. Pricing and accounting of charges are to be according to the fee schedule as set forth in Exhibit B-1 and incorporated herein by this reference. Extra work must be approved in writing by the City Manager or his/her designee prior to performance and shall be paid on a Time and Material basis as set forth in Exhibit B-1.

b. Provider shall be compensated for the services performed in accordance with the original contract consistent with the terms of those agreements. Additionally, Provider shall be compensated for the 1st Amendment, as set forth in Exhibit B-1 of the 1st Amendment. Compensation for services performed pursuant to the 1st Amendment shall not exceed \$53,385. Total Compensation for this Agreement shall not exceed \$123,385.

4. Except as expressly modified herein, all other terms and covenants set forth in the Agreement shall remain the same and shall be in full force and effect.

Signatures on following page

IN WITNESS WHEREOF, the parties have each caused this Agreement to be duly executed on its behalf as of the Effective Date.

CHRIST EPISCOPAL CHURCH ALAMEDA
a California corporation

CITY OF ALAMEDA
a municipal corporation


DocuSigned by:



21CED847AF7244F...
The Reverend Stephen McHale
Chief Executive Officer

Jennifer Ott
City Manager

DocuSigned by:



F10122858CAF481...
Nancy Salamy
Secretary

RECOMMENDED FOR APPROVAL

DocuSigned by:



03D4CD3886B6458...
Lisa Maxwell
Community Development Department

APPROVED AS TO FORM:
City Attorney

DocuSigned by:



705D25E39B18464...
Len Aslanian
Assistant City Attorney

Exhibit B-1

Due to extreme inclement weather, and to better serve Alameda's unhouse residents, the City of Alameda is increasing the number of days of service for the Christ Church Winter Warming Shelter, from 3 days per week (Monday, Wednesday, and Friday) to seven days per week (Monday – Sunday) beginning January 5, 2023 and ending April 30, 2023. The City of Alameda agrees to contribute up to \$53,385 and Christ Episcopal Church agrees to contribute an additional \$9,000 towards additional days of service. See additional dates and detail fee schedule below.

Detail Fee Schedule Per Day of Service

Payroll: 2 people for 16 hours	\$624
Laundry	\$100
Misc. – Other Expenses	\$100
Per day estimated	\$824
ICR 13%	\$107
Total	\$931

Additional Dates of Service for Christ Church Winter Warming Shelter

Thursday, January 5, 2023	Tuesday, February 14, 2023	Sunday, March 26, 2023
Saturday, January 7, 2023	Thursday, February 16, 2023	Tuesday, March 28, 2023
Sunday, January 8, 2023	Saturday, February 18, 2023	Thursday, March 30, 2023
Tuesday, January 10, 2023	Sunday, February 19, 2023	Saturday, April 1, 2023
Thursday, January 12, 2023	Tuesday, February 21, 2023	Sunday, April 2, 2023
Saturday, January 14, 2023	Thursday, February 23, 2023	Tuesday, April 4, 2023
Sunday, January 15, 2023	Saturday, February 25, 2023	Thursday, April 6, 2023
Tuesday, January 17, 2023	Sunday, February 26, 2023	Saturday, April 8, 2023
Thursday, January 19, 2023	Tuesday, February 28, 2023	Sunday, April 9, 2023
Saturday, January 21, 2023	Thursday, March 2, 2023	Tuesday, April 11, 2023
Sunday, January 22, 2023	Saturday, March 4, 2023	Thursday, April 13, 2023
Tuesday, January 24, 2023	Sunday, March 5, 2023	Saturday, April 15, 2023
Thursday, January 26, 2023	Tuesday, March 7, 2023	Sunday, April 16, 2023
Saturday, January 28, 2023	Thursday, March 9, 2023	Tuesday, April 18, 2023
Sunday, January 29, 2023	Saturday, March 11, 2023	Thursday, April 20, 2023
Tuesday, January 31, 2023	Sunday, March 12, 2023	Saturday, April 22, 2023
Thursday, February 2, 2023	Tuesday, March 14, 2023	Sunday, April 23, 2023
Saturday, February 4, 2023	Thursday, March 16, 2023	Tuesday, April 25, 2023
Sunday, February 5, 2023	Saturday, March 18, 2023	Thursday, April 27, 2023
Tuesday, February 7, 2023	Sunday, March 19, 2023	Saturday, April 29, 2023
Thursday, February 9, 2023	Tuesday, March 21, 2023	Sunday, April 30, 2023
Saturday, February 11, 2023	Thursday, March 23, 2023	
Sunday, February 12, 2023	Saturday, March 25, 2023	



CHRIEPI-03

BROOKEB

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/29/2022

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.

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).

PRODUCER License # 0E77991 ChurchWest Insurance Services (ACG) 201 Cajon Street Redlands, CA 92373	CONTACT NAME: Brooke Beck PHONE (A/C, No, Ext): (800) 843-6054 FAX (A/C, No): (909) 307-1245 E-MAIL ADDRESS: brooke@churchwest.com	
	INSURER(S) AFFORDING COVERAGE INSURER A: Brotherhood Mutual Insurance INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
INSURED Christ Episcopal Church in Alameda, CA 1700 Santa Clara Alameda, CA 94501	NAIC # 13528	

COVERAGES

CERTIFICATE NUMBER:

REVISION 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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: General Aggregate	X		04M5A0494326	12/1/2022	12/1/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMP/OP AGG \$ 10,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	General Liability			04M5A0494326	12/1/2022	12/1/2023	Professional Liab. 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Homeless Shelter program at Christ Episcopal Church in Alameda

The City, its City Council, boards, commissions, officials, employees, agents and volunteers are named as Additional Insured with regards to General Liability per endorsement attached.

"Should any of the above insurance covered by this certificate be canceled or coverage reduced before the expiration date thereof, the insurer affording coverage shall provide thirty (30) days' advance written notice to the City of Alameda. Attention: Risk Manager."

10 Day notice of cancellation applies with regards to Non-Payment of premium.

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1/24/2023

DS

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1/18/2023

CERTIFICATE HOLDER

CANCELLATION

City of Alameda
 2263 Santa Clara
 Alameda, CA 94501

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

This Liability Coverage Endorsement is subject to the **terms** of the applicable Commercial Liability Coverage Form (GL-100) and the Liability and Medical Coverage Form (BGL-11). Only one liability coverage will apply to an **occurrence** and any **related loss**. This endorsement is attached to and made part of the policy.

**THIS INSURANCE ENDORSEMENT FORMS PART OF YOUR POLICY CONTRACT.
PLEASE READ IT CAREFULLY.**

ADDITIONAL INSURED ENDORSEMENT ADDITIONAL CONDITION

ADDITIONAL CONDITION

The following additional condition is added to the Conditions section of the Liability and Medical Coverage Form (BGL-11):

Additional Insureds: With respect to any person or entity shown on the **declarations** as an Additional Insured or who is otherwise designated by the Named Insured and recognized by **us** as an Additional Insured, **we** will provide Principal Coverage L of the Commercial Liability Coverage Form (GL-100) to such Additional Insured (they will be considered an **insured** for Principal Coverage L), but only to the extent that such person or entity is legally liable for the acts of **you, your leader, your** employee, or **your appointed person**. Such coverage will be limited to that which is specifically provided by Principal Coverage L, and will be strictly subject to the **terms** of this policy. No coverage will apply to any independent acts, errors, or omissions of an Additional Insured.

OTHER PROVISIONS

All other provisions of the applicable Commercial Liability Coverage Form (GL-100) and the Liability and Medical Coverage Form (BGL-11) remain unchanged.



MinistryFirstsm Commercial Multi-Peril Insurance Coverage Summary

These are your policy's Declarations.

Renewal of 04M5A0494326

Christ Episcopal Church in Alameda, California

1700 Santa Clara Ave
Alameda, CA 94501-2515

Policy Number 04M5A0494326

Brotherhood Mutual Insurance Company
Print Date: October 21, 2022
Policy Period: 12/01/2022 at 12:01 a.m. to
12/01/2023 at 12:01 a.m.

909-307-8500

Churchwest Insurance Services 4002-013

Www.Churchwest.Com

201 Cajon Street
Redlands, CA 92373-4645

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

*****.brotherhoodmutual.com/payonline**

For your convenience, you can make
premium payments online.

NAMED INSURED	Christ Episcopal Church in Alameda, California
POLICY NUMBER	04M5A0494326
POLICY PERIOD	12/01/2022 at 12:01 a.m. to 12/01/2023 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:	Church Institution
FORM OF ORGANIZATION:	Corporation

Policy Overview

COVERAGE DESCRIPTION	DETAILS	COVERAGE DESCRIPTION	DETAILS
Property Coverage	Page 2 - 6	Terrorism Premium	\$383 (See Notice Form BN-6-DX 3.0 for details)
Liability Coverage	Page 7 - 14		
Excess Liability Coverage	Page 15 - 15		

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:	\$22,730.00	PAYMENT SCHEDULE:	See invoice.
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Common Policy Forms

FORM	FORM NAME	FORM	FORM NAME
BN2B 1.1	Notice to our Policyholder	CL100 1.0	Common Policy Conditions
CL300 1.0	Amendatory Endorsement	CP11.0	Table of Contents
BCP100 4.5	Commercial Property Coverage Conditions	GL100 1.0	Commercial Liability Coverage
BCL301 1.0	Form Number Reference	BN11A 1.2	Customer Notice: Value-Added Benefits
BCL120 1.0	Amendatory Endorsement - Assignment	CL0162 01 19	Amendatory Endorsement California
BN1B 1.0	Notice Of Payment-Related Charges	BCL100 1.1	Additional Policy Conditions
EX0606 1.0	Conditional Terrorism Exclusion	BN6EX 4.0	Notice-Cond Excl-Terrorism-Related Loss
BN-6-DX 3.0	Terrorism Related Loss		



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Christ Episcopal Church in Alameda,
California

POLICY NUMBER

04M5A0494326

POLICY PERIOD

12/01/2022 at 12:01 a.m. to 12/01/2023 at
12:01 a.m.

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 \$5,000
GLASS DEDUCTIBLE \$500

Schedule of Locations

LOCATION #	DESCRIPTION	ADDRESS
1/1	Multi-Purpose	1700 Santa Clara Ave Alameda, CA 94501-2515
1/2	Guild Hall/Parish Hall	1700 Santa Clara Ave Alameda, CA 94501-2515
2/1	Rental Dwelling	1714 Santa Clara Ave Alameda, CA 94501-2515

Schedule of Buildings and Personal Property

MULTI-PURPOSE		1700 Santa Clara Ave Alameda, CA 94501-2515					LOCATION 1/1	
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							
Building Ordinance & Law Cost of Construction	\$1,000,000	N/A	N/A	N/A	N/A	N/A	BCP138 4.5	
Building Ordinance & Law Increased Building Loss	\$10,148,000	N/A	N/A	N/A	N/A	N/A	BCP138 4.5	
Building Ordinance & Law Increased Debris Removal	\$1,000,000	N/A	N/A	N/A	N/A	N/A	BCP138 4.5	

GUILD HALL/PARISH HALL		1700 Santa Clara Ave Alameda, CA 94501-2515					LOCATION 1/2	
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							



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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.

RENTAL DWELLING		1714 Santa Clara Ave Alameda, CA 94501-2515					LOCATION 2/1	
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: \$14,645,000	
COINSURANCE:	Agreed Amount	AUTOMATIC INCREASE:	0%
VALUATION TYPE:	Replacement Cost	PERIL FORM:	BCP85 4.5
PERIL TYPE:	Special with Theft	EARTHQUAKE DEDUCTIBLE:	Exclude Earthquake
COVERAGE DESCRIPTION (INCL. TYPE OF PROPERTY)		ROOF SETTLEMENT OPTION	VALUE
Location 1/1 (MultiPurp): 1700 Santa Clara Ave, Alameda, CA, 94501-2515			
Building		Replacement Cost	\$10,148,000
Personal Property		N/A	\$2,030,000
Location 1/2 (Guild Hall/Parish Hall): 1700 Santa Clara Ave, Alameda, CA, 94501-2515			
Building		Replacement Cost	\$1,475,000
Personal Property		N/A	\$296,000
Location 2/1 (Rental): 1714 Santa Clara Ave, Alameda, CA, 94501-2515			
Building		Replacement Cost	\$662,000
Personal Property		N/A	\$34,000



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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.

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 BCP12BCA 4.5 form.

COVERAGE DESCRIPTION	COVERAGE LIMIT	DEDUCTIBLE	FORM
Property Off Premises	\$50,000+	\$5,000	BCP12BCA 4.5
Owned Personal Property-Parsonage	\$10,000	\$5,000	BCP12BCA 4.5
Building/Personal Property - Newly Acquired/Constructed	\$2,000,000++	\$5,000	BCP12BCA 4.5
Outside Objects and Structures	\$20,000/category, \$30,000 Total	\$5,000	BCP12BCA 4.5
For any one landscaping item	\$2,000	\$5,000	BCP12BCA 4.5
Each loss caused by wind	\$5,000	\$5,000	BCP12BCA 4.5
Other Structures	\$15,000	\$5,000	BCP12BCA 4.5
Owned Personal Property - Dwellings	5% of dwelling value	\$5,000	BCP12BCA 4.5
Contents - Buildings and Structures Described on the Declarations	\$15,000+++	\$5,000	BCP12BCA 4.5
Trailers	\$10,000	\$5,000	BCP12BCA 4.5
Vehicle Equipment and Accessories	\$25,000	\$5,000	BCP12BCA 4.5
Money and Securities	\$5,000 (Loss from specified perils only. Doubled on specified holidays)	\$5,000	BCP12BCA 4.5
Spoilage	\$10,000	\$5,000	BCP12BCA 4.5
Damage to Buildings and Personal Property from Animals	\$10,000 (\$2,500 sublimit for loss caused by animals listed in policy form)	\$5,000	BCP12BCA 4.5
Temporary Emergency Coordination/Shelter Operation Clean-Up	\$50,000 for clean-up costs	\$5,000	BCP12BCA 4.5

+ 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 \$15,000 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 form.

COVERAGE DESCRIPTION	COVERAGE LIMIT	FORM
Debris Removal Expense - Partial or Total Loss	Partial Loss: Remaining Limit for Covered Property - Total Loss: \$25,000	BCP12BCA 4.5
Emergency Removal	Coverage applies up to 30 days after property is first moved	BCP12BCA 4.5
Fire Department Service Charges	\$50,000	BCP12BCA 4.5
Fire Extinguisher Recharge	\$50,000 if recharged within 30 days	BCP12BCA 4.5
Pollutant Clean-Up and Removal	\$10,000 (annual aggregate)*	BCP12BCA 4.5
Installed Lock Recalibration	\$10,000 if recalibrated within 10 days	BCP12BCA 4.5
Arson Reward	\$20,000**	BCP12BCA 4.5
Papers and Records (including electronic data)	\$50,000	BCP12BCA 4.5
Personal Property Owned by Others (non-clergy)	\$5,000 per person/\$25,000 maximum (excess)***	BCP12BCA 4.5
Personal Property Owned by Clergy	\$30,000 (excess)***	BCP12BCA 4.5
Theft or Vandalism Reward	\$5,000**	BCP12BCA 4.5

* 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



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12:01 a.m.

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
Ordinance or Law A - Increased Building Loss	\$1,000,000	\$5,000	BCP138B 4.5
Ordinance or Law B - Increased Debris Removal	\$500,000	\$5,000	BCP138B 4.5
Ordinance or Law C - Increased Cost of Construction	\$500,000	\$5,000	BCP138B 4.5

Organizational Optional Theft Coverage

COVERAGE DESCRIPTION	COVERAGE LIMIT	DEDUCTIBLE	FORM
Theft of Money and Securities	\$25,000	\$500	BCP36 4.5
Theft by Electronic Means	\$10,000	\$500	BCP36 4.5
Theft by Coercion	\$10,000 (\$30,000 Annual Aggregate Limit)	\$500	BCP36 4.5

Ministry Personnel Dishonesty Coverage

COVERAGE DESCRIPTION	COVERAGE LIMIT	DEDUCTIBLE	FORM
Personnel Dishonesty Coverage	\$100,000	N/A	BCP37A 4.5

Earnings and Donations and Extra Expense Coverage Part

Perils Part: See Peril Type for the Property Described on the Schedule of Buildings and Personal Property That Sustains a Loss

COVERAGE DESCRIPTION	COVERAGE LIMIT	DEDUCTIBLE	FORM
Earnings and Donations	\$1,000,000	N/A	BCP71 4.6
Extra Expense	\$500,000	N/A	BCP71 4.6

Water Damage - Flood, Backup, and Subsurface

COVERAGE DESCRIPTION	COVERAGE LIMIT	DEDUCTIBLE	FORM
Water Damage-Flood, Back-up, and Subsurface	\$10,000	\$5,000	BCP27CA 4.5

Sewer and Drain Back-up Extension

COVERAGE DESCRIPTION	COVERAGE LIMIT	DEDUCTIBLE	FORM
Sewer/Drain Backup Extension	See Building/Personal Property Limit	\$5,000	BCP135CA 4.1



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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.

Systems / Equipment Breakdown Coverage

COVERAGE DESCRIPTION	COVERAGE LIMIT	DEDUCTIBLE	FORM
Systems/Equipment Breakdown Coverage	Building/Personal Property Limit	\$5,000	BSEB100 4.1

Rented Personal Property of Others Coverage

COVERAGE DESCRIPTION	COVERAGE LIMIT	DEDUCTIBLE	FORM
Rented Personal Property of Others	\$10,000	\$1,000	BCP12BCA 4.5

Interior Building Damage Coverage

COVERAGE DESCRIPTION	COVERAGE LIMIT	DEDUCTIBLE	FORM
Interior Building Damage Coverage-Including Gutters/ Downspouts Coverage	\$14,665,000	\$5,000	BCP49 4.0

Terrorism Loss Coverage

COVERAGE DESCRIPTION	COVERAGE LIMIT	DEDUCTIBLE	FORM
Limited Terrorism	\$14,665,000	\$5,000	EX0621X 3.0

Additional Property Forms

FORM	FORM NAME	FORM	FORM NAME
BCP85 4.5	Special Perils Part	BCP0631CA 1.0	Amendatory Endorsement California
BCP0832CA 1.0	Amendatory Endorsement-California	BCP147 1.0	Blanket/Combined Valuation Form
BCP188 4.5	Earth Movement Excl-Following Dmg. Ded.	BCP500 4.5	Loss Free Deductible Reduction End
BCP701CA 1.0	Appraisal Endorse Provision Amend - CA	BN12V 1.0	Notice Regarding Building Valuation
BN2567 1.0	Notice Water Damage/Flood Coverage	CP0171 10 08	Exclusion Water Damage
CP132 1.0	Loss Payable Options	BCP12G 2.2	Building Glass Deductible
EX0651X 3.0	NBC Terrorism Exclusion		

Additional Interests

NAME	TYPE	LOAN NUMBER	INTEREST	ADDRESS
KBA Docusys, Inc. c/o Insurance Center	Loss Payee	41441703-1	Other: Canon IR ADV C550401 Copier	PO Box 3886 Bellevue, WA 98009 -3886



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Liability Coverage Summary

MinistryFirstsm commercial multi-peril policy Declarations continued...

The Coverages listed within these declarations are provided according to the terms of the designated coverage forms 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 (BGL11 4.5).

Key Liability Coverage Facts: Schedule of Limits

GENERAL OCCURRENCE LIMIT	\$1,000,000
GENERAL AGGREGATE LIMIT	\$10,000,000

Principal Liability Coverages

COVERAGE DESCRIPTIONS	COVERAGE LIMIT	COVERAGE AGGREGATE LIMIT	FORM
Bodily Injury/Property Damage Liability (L)	\$1,000,000*	\$10,000,000*	GL100 1.0
Medical Payments (M)	\$10,000*+	\$10,000,000*	GL100 1.0
Products/Completed Work (N)	\$1,000,000*	\$10,000,000*	GL100 1.0
Fire Legal Liability (O)	\$1,000,000*	\$10,000,000*	BGL951 4.5

Supplemental Coverages

COVERAGE DESCRIPTIONS	COVERAGE LIMIT	COVERAGE AGGREGATE LIMIT	FORM
Incidental Contractual Liability	\$1,000,000*	\$10,000,000*	GL100 1.0
Incidental Medical Malpractice	\$1,000,000*	\$10,000,000*	GL100 1.0
Mobile Equipment	\$1,000,000*	\$10,000,000*	GL100 1.0

Additional Coverages

COVERAGE DESCRIPTIONS	COVERAGE LIMIT	COVERAGE AGGREGATE LIMIT	FORM
Membership Emotional Injury Liability Coverage	\$1,000,000*	\$10,000,000*	BGL51 4.5
Nursery/Child Care Corporal Punishment Liability	\$1,000,000*	\$10,000,000*	BGL51 4.5
Supervision-Related Emotional Injury Liability Coverage	\$1,000,000*	\$10,000,000*	BGL51 4.5
Food Preparation Liability Coverage	\$1,000,000*	\$10,000,000*	BGL51 4.5
Privacy Violation Liability Coverage	\$1,000,000*	\$10,000,000*	BGL51 4.5
Damage To Property Of Others Coverage			BGL51 4.5
Not in Your Control	\$1,000*+	\$10,000,000*	BGL51 4.5
In Your Control	\$2,500*+	\$10,000,000*	BGL51 4.5
Prosthetic Devices	\$500*+	\$10,000,000*	BGL51 4.5
Incidental Camper Medical Coverage	\$10,000*	\$10,000,000*	BGL51 4.5
Additional Incidental Contractual Liability Coverage	\$1,000,000*	\$10,000,000*	BGL51 4.5

Defense Coverage

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

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+ per person limit



NAMED INSURED

Christ Episcopal Church in Alameda,
California

POLICY NUMBER

04M5A0494326

POLICY PERIOD

12/01/2022 at 12:01 a.m. to 12/01/2023 at
12:01 a.m.

Liability Coverage Summary

MinistryFirstsm commercial multi-peril policy Declarations continued...

The Coverages listed within these declarations are provided according to the terms of the designated coverage forms 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 (BGL11 4.5).

Cemetery Liability Coverage

COVERAGE DESCRIPTIONS	COVERAGE LIMIT	COVERAGE AGGREGATE LIMIT	FORM
Emotional Injury Liability Coverage	\$1,000,000*	\$10,000,000*	BGL113 4.0
Emotional Injury/Burial Discrimination Liability Coverage	\$1,000,000*	\$10,000,000*	BGL113 4.0
Financial Loss to Others Coverage	\$3,500+, \$35,000 per occurrence	\$10,000,000*	BGL113 4.0
Damage to Property of Others Coverage	\$2,500+, \$50,000 per occurrence	\$10,000,000*	BGL113 4.0

Medical Coverage Extension - Clergy Accidental Death

COVERAGE DESCRIPTIONS	PASTORS	COVERAGE LIMIT	PER ACCIDENT LIMIT	FORM
Broadened Clergy Accidental Death Benefit	3	\$25,000*+	\$150,000*	BGL998B 1.0

Counseling Acts Liability Coverage

COVERAGE DESCRIPTIONS	COVERAGE LIMIT	COVERAGE AGGREGATE LIMIT	FORM
Counseling Acts Liability Coverage	\$1,000,000*	\$10,000,000*	BGL63 4.1
Outside Counseling Reimbursement Coverage	\$5,000+	\$10,000,000*	BGL63 4.1

Cyber Liability Coverage

COVERAGE DESCRIPTIONS	COVERAGE LIMIT	COVERAGE AGGREGATE LIMIT	FORM
Computer Use Liability Coverage	\$200,000*	\$2,000,000*	BGL87CA 4.5
Electronic Commerce Liability Coverage	\$200,000*	\$2,000,000*	BGL87CA 4.5
Data Breach Liability Coverage	\$200,000*	\$2,000,000*	BGL87CA 4.5
Outsourced IT Liability Coverage	\$200,000*	\$2,000,000*	BGL87CA 4.5
Special Reimbursement Coverage (Data Breach Rectification Costs)	\$50,000	\$50,000	BGL87CA 4.5
Special Reimbursement Coverage (Electronic Discovery Costs)	\$20,000	\$20,000	BGL87CA 4.5
Special Defense Coverage (Subpoenas, Regulatory Actions and Injunctive)	\$20,000	\$20,000	BGL87CA 4.5

Defense Reimbursement Coverage

COVERAGE DESCRIPTIONS	COVERAGE LIMIT	COVERAGE AGGREGATE LIMIT	FORM
Covered Lawsuit Proceeding (Proceeding Limit)	\$50,000	\$100,000	BGL89CA 4.5
Law Enforcement Inquiry (Inquiry Limit)	\$10,000	\$30,000	BGL89CA 4.5

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+ per person limit



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Liability Coverage Summary

MinistryFirstsm commercial multi-peril policy Declarations continued...

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Directors and Officers Liability Coverage

COVERAGE DESCRIPTIONS	COVERAGE LIMIT	COVERAGE AGGREGATE LIMIT	FORM
Directors and Officers Leadership Liability Coverage	\$1,000,000*	\$10,000,000*	BGL81BCA 4.5

Benefits Administration Liability Coverage

COVERAGE DESCRIPTIONS	COVERAGE LIMIT	COVERAGE AGGREGATE LIMIT	FORM
Employee Benefit/Fiduciary Liability Coverage	\$1,000,000	\$10,000,000	BGL83B 4.1
(Medical Expense Limit)	\$500,000*	\$1,000,000*	BGL83B 4.1
Limited Fiduciary Penalties Coverage	\$250,000*	\$500,000*	BGL83B 4.1
Incidental Investment Counseling Coverage	\$500,000*	\$500,000*	BGL83B 4.1

Employment Practices ("Employment Pract") Liability Coverage

COVERAGE DESCRIPTIONS	COVERAGE LIMIT	COVERAGE AGGREGATE LIMIT	FORM
Employment-Related Liability Coverage	\$1,000,000*	\$10,000,000*	BGL85 4.5

Fire Legal/Nonowned Property Damage Liability Coverage

COVERAGE DESCRIPTIONS	COVERAGE LIMIT	COVERAGE AGGREGATE LIMIT	FORM
Nonowned Property Damage Liability Coverage	\$1,000,000*	\$10,000,000*	BGL951 4.5
Additional Incidental Contractual Liability Coverage	\$1,000,000*	\$10,000,000*	BGL951 4.5

Legal Aid Coverage

COVERAGE DESCRIPTIONS	COVERAGE LIMIT	COVERAGE AGGREGATE LIMIT	FORM
Legal Aid Liability Coverage	\$500,000*	\$500,000*	BGL236 1.0
Special Defense Coverage	\$100,000*	\$100,000*	BGL236 1.0

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Liability Coverage Summary

MinistryFirstsm commercial multi-peril policy Declarations continued...

The Coverages listed within these declarations are provided according to the terms of the designated coverage forms 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 (BGL11 4.5).

Media Liability Coverage

COVERAGE DESCRIPTIONS	COVERAGE LIMIT	COVERAGE AGGREGATE LIMIT	FORM
Personal Injury Liability Coverage (Media/Communications Activity)	\$1,000,000*	\$10,000,000*	BGL41 1.0
Personal Injury Liability Coverage (Personal Violations)	\$1,000,000*	\$10,000,000*	BGL41 1.0
Personal Injury Liability Coverage (Unauthorized Access/Posting)	\$1,000,000*	\$10,000,000*	BGL41 1.0
Special Defense Coverage (Alleged Intentional Acts)	\$1,000,000*	\$10,000,000*	BGL41 1.0

Medical Coverage

COVERAGE DESCRIPTIONS	COVERAGE LIMIT	COVERAGE AGGREGATE LIMIT	FORM
Religious Athletic Medical Coverage	\$10,000*+	\$10,000,000*	BGL91 4.5

Nonowned Vehicle Coverage

COVERAGE DESCRIPTIONS	COVERAGE LIMIT	COVERAGE AGGREGATE LIMIT	FORM
Nonowned Vehicle Liability Coverage	\$1,000,000*	\$10,000,000*	BGL71B 4.0
Defense Coverage: Authorized Operator	\$1,000,000*	\$10,000,000*	BGL71B 4.0
Nonowned Vehicle Medical Payments Extension	\$10,000*+	\$150,000*	BGL71B 4.0
Loss of Use Coverage	\$1,500 per vehicle	\$3,000*	BGL71B 4.0
Trip Occupant Coverage	\$1,000*+	\$10,000,000*	BGL71B 4.0
Damage to Property of Others	\$1,000*	\$10,000,000*	BGL71B 4.0
Nonowned Vehicle Deductible Reimbursement Coverage	\$1,000*	\$10,000,000*	BGL71B 4.0
Rental Vehicle Physical Damage Coverage	\$90,000 per vehicle, \$250 deductible	\$180,000*	BGL777 3.0

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Liability Coverage Summary

MinistryFirstsm commercial multi-peril policy Declarations continued...

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Relief Activity Additional Coverages

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

Religious Freedom Protection Coverage

COVERAGE DESCRIPTIONS	COVERAGE LIMIT	COVERAGE AGGREGATE LIMIT	FORM
Religious Communication Liability Coverage	\$1,000,000*	\$10,000,000*	BGL66CA 1.2
Religious Activity Liability Coverage	\$1,000,000*	\$10,000,000*	BGL66CA 1.2
Discriminatory Acts Liability Coverage	\$1,000,000*	\$10,000,000*	BGL66CA 1.2
Tax Exempt Challenge: Expense Reimbursement Coverage	\$25,000*	\$25,000*	BGL66CA 1.2
Litigation Activity: Legal Defense Reimbursement Coverage	See form	See form	BGL66CA 1.2
Litigation Activity: Declaratory Action Reimbursement Coverage	See form	See form	BGL66CA 1.2

Security Operations Coverage

COVERAGE DESCRIPTIONS	COVERAGE LIMIT	COVERAGE AGGREGATE LIMIT	FORM
Additional Medical Expense Coverage	\$50,000*+	\$250,000*	BGL993 4.0
Broadened Wage Loss Reimbursement Coverage (Emotional Injury)	\$10,000*+	\$50,000*	BGL993 4.0
Individual Counseling Coverage	\$10,000*+	\$50,000*	BGL993 4.0
Damage to Security-Related Equipment	\$2,500*+	\$10,000*	BGL993 4.0
Primary Coverage for Specified Individuals	See Form	See Form	BGL993 4.0
Enforcement of Security Policy or Weapons Policy	\$1,000,000*	\$1,000,000*	BGL993 4.0
Negligent Infliction of Emotional Distress Arising from Security Operations	\$1,000,000*	\$1,000,000*	BGL993 4.0

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12/01/2022 at 12:01 a.m. to 12/01/2023 at
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Liability Coverage Summary

MinistryFirstsm commercial multi-peril policy Declarations continued...

The Coverages listed within these declarations are provided according to the terms of the designated coverage forms 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 (BGL11 4.5).

Traumatic Incident Response Coverage

COVERAGE DESCRIPTIONS	COVERAGE LIMIT	COVERAGE AGGREGATE LIMIT	FORM
Additional Medical Expense Coverage	\$50,000*+	\$1,000,000*	BGL991D 4.1
Broadened Wage Loss Reimbursement Coverage (Including Emotional Injury)	See form	\$1,000,000*	BGL991D 4.1
Individual Counseling Coverage	\$10,000*+	\$1,000,000*	BGL991D 4.1
Additional Organizational Expense	\$500,000*	\$1,000,000*	BGL991D 4.1

Worldwide Liability Extension Coverage

Extended Foreign Ministry Operations- Excluded

COVERAGE DESCRIPTIONS	COVERAGE LIMIT	COVERAGE AGGREGATE LIMIT	FORM
Short-Term Trip Limited Kidnap and Extortion Expense Reimbursement Coverage	See Form	See Form	BGL112 1.0
Short-Term Foreign Trip Terrorism-Related Travel Interruption Reimbursement	See Form	See Form	BGL112 1.0
Short-Term Foreign Trip Death Reimbursement Coverage For Your Leaders	See Form	See Form	BGL112 1.0
Foreign Operations Image Restoration Extension	See Form	See Form	BGL112 1.0
Expanded Medical Coverage For Foreign Ministry Participants	See Form	See Form	BGL112 1.0

Wage Reimbursement Coverage

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

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Liability Coverage Summary

MinistryFirstsm commercial multi-peril policy Declarations continued...

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Sexual Acts Liability Coverage

COVERAGE DESCRIPTIONS	COVERAGE LIMIT	COVERAGE AGGREGATE LIMIT	FORM
Sexual Acts Liability Coverage With Screening	\$1,000,000*	\$2,000,000*	BGL61 4.7
Sexual Harassment Liability Coverage (other than your employees)	\$1,000,000*	\$2,000,000*	BGL61 4.7
Improper Reporting of Sexual Acts Liability Coverage	\$1,000,000*	\$2,000,000*	BGL61 4.7
Improper Supervision of Convicted Sexual Offenders Liability Coverage	\$1,000,000*	\$2,000,000*	BGL61 4.7
Outside Counseling Reimbursement Coverage	\$5,000*+	\$100,000*	BGL61 4.7
Sexual Acts Medical Payment Extension	\$10,000*+	\$100,000*	BGL61 4.7
Image Restoration Extension	\$10,000*	\$2,000,000*	BGL61 4.7
Redemptive Employment/Appointment	\$300,000*	\$300,000*	BGL613 4.5

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
Dwellings - One-Family	Location 2 Building 1 Rental	01001	1 Each
Food Pantry	Location 1 Building 2 Fellowship	05813	500 Square Feet
Church	Location 1 Building 1 MultiPurp	08101	18,050 Square Feet
	Location 1 Building 2 Fellowship		3,625 Square Feet
Family Shelter	Location 1 Building 2 Fellowship	15402	3,625 Square Feet
Building or Premises - Lessor's Risk - NOC	Location 1 Building 1 MultiPurp	17703	1,500 Square Feet
Building or Premises - Lessor's Risk - NOC	Location 1 Building 2 Fellowship	17703	4,300 Square Feet
Outreach Ministry		30130	1 # items/activities
Outreach Ministry	1700 Santa Clara Ave Alameda CA 94501-2515	30130	1 # items/activities
Playgrounds	1700 Santa Clara Ave Alameda CA 94501-2515	30320	1 Each
Pastoral Counseling			3 Pastor(s)
Special Events			

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NAMED INSURED Christ Episcopal Church in Alameda,
California
POLICY NUMBER 04M5A0494326
POLICY PERIOD 12/01/2022 at 12:01 a.m. to 12/01/2023 at
12:01 a.m.

Liability Coverage Summary

MinistryFirstsm commercial multi-peril policy Declarations continued...

The Coverages listed within these declarations are provided according to the terms of the designated coverage forms 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 (BGL11 4.5).

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	\$1,000,000	BGL21 4.1
Fireworks Sales	\$0 per person	\$100,000	\$1,000,000	BGL21 4.1
Fireworks Display	\$0 per person	\$100,000	\$1,000,000	BGL21 4.1
Construction Oversight	\$0 per person	\$100,000	\$1,000,000	BGL21 4.1

Other Liability and Medical Forms

FORM	FORM NAME	FORM	FORM NAME
BGL100A1 2.2	Commercial Liability Endorsement	BGL11 4.5	Liability And Medical Coverage Form
BGL152 1.0	Additional Insured Endorsement	EX909 1.0	Asbestos Exposure Exclusion
GL0363 08 06	Amendatory Endorsement California	GL0950 12 99	Known Injury or Damage Amendments
GL890 1.0	Lead Liability Exclusion	BGL939AISP 1.0	Provision Modification-Excess Liability
BGL978 4.1	Coverage Extension Veh-rented w/driver	BN998 1.0	Clergy Accidental Death Medical Ext
EX0261X 3.0	Terrorism Exclusion	EX0281X 3.1	NBC Terrorism Exclusion

Additional Insureds

NAME	LOAN/REFERENCE NUMBER	INTEREST	ADDRESS
Alameda Emergency Food Bank, Additional Insured		Other: Food Bank	1900 Thau Way Alameda, CA 94501
City of Alameda, Additional Insured		Other: Family Shelter Program	2263 Santa Clara Ave Alameda, CA 94501

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+ per person limit



NAMED INSURED Christ Episcopal Church in Alameda,
California
POLICY NUMBER 04M5A0494326
POLICY PERIOD 12/01/2022 at 12:01 a.m. to 12/01/2023 at
12:01 a.m.

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 4.7.

Key Excess Liability Coverage Facts

NAME OF INSURED	Christ Episcopal Church in Alameda, California
ADDRESS	1700 Santa Clara Ave, Alameda, CA 94501-2515
EXCESS LIABILITY POLICY PERIOD	12/1/2022 to 12/1/2023 at 12:01 a.m. at the location listed above
EXCESS LIABILITY ANNUAL PREMIUM	\$3,450

Excess Liability Coverage - Limit of Insurance

Coverage Limit (per Occurrence)	\$4,000,000
Coverage Aggregate Limit	\$4,000,000
Deductible/Retention	N/A

Optional Excess Coverage Information

COVERAGE	STATUS	LIMIT
Directors and Officers Liability Coverage	Included	\$4,000,000
Sexual Acts Liability Coverage	Included	\$1,000,000
Employment Practices Liability Coverage	Excluded	N/A
Cyber Liability Coverage	Excluded	N/A
Benefits Administration Liability Coverage	Excluded	N/A

Optional Coverage Limits are the same as the Excess Liability "per Occurrence" and Aggregate limits shown above, unless otherwise specified.

Schedule of Underlying Insurance

TYPE	INSURER	POLICY PERIOD	POLICY NUMBER	LIMITS OF LIABILITY
General Liability	Brotherhood Mutual Insurance Company	12/01/2022 - 12/01/2023	04M5A0494326	\$1,000,000 Occ/\$10,000,000 Agg
Employer's Liability	Liberty Mutual	See applicable declarations page.	0000000	\$1000000/\$1000000/\$1000000



INSURED NAME: Christ Episcopal Church in Alameda,
California

POLICY NUMBER: 04M5A0494326

AGENCY NAME: Churchwest Insurance Services

AGENCY NUMBER: 4002-013

DATE: 10/21/2022

Dear Policyholder:

The purpose of this letter is to inform you that one or more changes will take effect on 12/01/2022, the renewal of your ministry policy.

In some cases, the effects of these policy changes will mean enhanced coverage, while in other cases, limits, conditions, exclusions, and limitations may narrow the scope of certain coverages when compared to your prior policy. Following are the names of the coverage forms that have either been added or removed from your policy.** Please review your declarations page for changes in the policy values, deductibles, and premium.

NEW FORMS

BCP0631CA 1.0

Amendatory Endorsement California

BCP701CA 1.0

Appraisal Endorsement Provision Amendment - CA

DELETED FORMS

CP0631 01 12

Amendatory Endorsement California

Please read your policy carefully.

Your Brotherhood Mutual agent will be pleased to address any questions you may have concerning your policy. You may contact your agent at 909-307-8500. If you have any questions, you may contact our customer service department at 1-800-333-3735. Thank you for trusting us with your ministry.

****NOTE:** No coverage of any kind is provided by this notice. This Summary of Important Changes does not in any way replace any provision of your policy, nor is every change in your policy listed above. All insurance coverage is subject to conditions, coverage limits, limitations, and exclusions. For precise details of coverage, please refer to your actual policy. While our company's goal is to provide ongoing insurance protection to ministry organizations, changes in company operations, the regulatory or insurance environment, or significant loss experience can result in policy revision or policy termination.

This endorsement changes the Commercial
Property Coverages provided by this policy
-- PLEASE READ IT CAREFULLY --

LOSS PAYABLE OPTIONS

SCHEDULE

(The information required below may be shown on a separate schedule or supplemental **declarations**.)

Prem. No.	Bldg. No.	Description of Property	Name and Address of Loss Payee
		Canon IR ADV C550401 Copier	KBA Docusys, Inc. c/o Insurance Center PO Box 3886 Bellevue, WA 98009-3886

In addition to the policy **terms** which are contained in other sections of the Commercial Property Coverage, the following conditions apply to the property described on the schedule and only when indicated by an "X":

☒ **LOSS PAYABLE**

Any loss shall be adjusted with **you** and shall be payable to **you** and the loss payee shown on the schedule as **your** and their interests appear.

☐ **LENDER'S LOSS PAYABLE**

Any loss shall be payable to **you** and the loss payee shown on the schedule as interests appear. If more than one loss payee is named, they shall be paid in order of precedence.

The insurance for the loss payee continues in effect even when **your** insurance may be void because of **your** acts, neglect, or failure to comply with the coverage **terms**. The insurance for the loss payee does not continue in effect if the loss payee is aware of changes in ownership or substantial increase in risk and does not notify **us**.

If **we** cancel this policy, **we** notify the loss payee at least 10 days before the effective date of cancellation if **we** cancel for **your** nonpayment of premium, or 30 days before the effective date of cancellation if **we** cancel for any other reason.

We may request payment of the premium from the loss payee, if **you** fail to pay the premium.

If **we** pay the loss payee for a loss where **your** insurance may be void, the loss payee's right to collect that portion of the debt from **you** then belongs to **us**. This does not affect the loss payee's right to collect the remainder of the debt from **you**. As an alternative, **we** may pay the loss payee the remaining principal and accrued interest in return for a full assignment of the loss payee's interest and any instruments given as security for the debt.

If **we** choose not to renew this policy, **we** give written notice to the loss payee at least 10 days before the expiration date of this policy.

☐ **CONTRACT OF SALE**

Any loss shall be adjusted with **you** and shall be payable to **you** and the loss payee shown on the schedule as **your** and their interests appear.

The loss payee shown on the schedule is a person or organization **you** have entered a contract with for the sale of covered property.

When covered property is the subject of a contract of sale, the word **you** also means the loss payee.

This Coverage Endorsement is subject to the **terms** of the Commercial Liability Coverage Form (GL-100), the Liability and Medical Coverage Form (BGL-11) and the Nonowned Vehicle Coverage Form (BGL-71) [or the Broadened Nonowned Vehicle Coverage Form (BGL-71B)]. Only one liability coverage (Principal, Supplemental, or Additional) will apply to an **occurrence** and any **related loss**. Attachment of this endorsement to the policy will not convert the policy into an automobile policy.

- PLEASE READ THIS CAREFULLY -

PROVISION MODIFICATION - RENTAL VEHICLE PHYSICAL DAMAGE COVERAGE - MODIFIED LIMIT OF COVERAGE -

PER VEHICLE LIMIT: \$ 90,000 **PER POLICY PERIOD LIMIT:** \$180,000

AGREEMENT

We provide the Provision Modification described in this endorsement, but only if this form (BGL-777) and the Nonowned Vehicle Coverage Form (BGL-71) [or the Broadened Nonowned Vehicle Coverage Form (BGL-71B)] is properly designated in the **Declarations**, and only with respect to the Rental Vehicle Physical Damage Additional Coverage.

DEFINITIONS

Each of the words or phrases defined in the Definition section of the Commercial Liability Coverage Form (GL-100), the Liability and Medical Coverage Form (BGL-11) and the Nonowned Vehicle Coverage Form (BGL-71) [or the Broadened Nonowned Vehicle Coverage Form (BGL-71B)] apply to this endorsement, unless otherwise modified herein. The following definitions apply only to the Provision Modifications of this endorsement.

1. **Per vehicle limit** means only the amount entered above as the PER VEHICLE LIMIT.
2. **Per policy period limit** means only the amount entered above as the PER POLICY PERIOD LIMIT.

PROVISION MODIFICATIONS

1. **Modification of Additional Coverage-**
Within the Nonowned Vehicle Coverage Form (BGL-71) or, alternatively, the Broadened Nonowned Vehicle Coverage Form (BGL-71B), the following provision replaces and supersedes the grant of coverage

entitled Vehicle Rental Vehicle Physical Damage Coverage:

RENTAL VEHICLE PHYSICAL DAMAGE COVERAGE -

We will pay for physical damage to, or the total loss of, a **rented vehicle** regardless of **your** liability, but only if:

- a. the damage to, or total loss of, the **rented vehicle** is properly documented; and
- b. the damage or loss occurs in the **basic territory** during the **policy period**.

This Physical Damage Coverage is a primary coverage, subject to a \$250 deductible. **We** will pay the lesser of the amount to repair or to replace the vehicle. **We** will not under any circumstances pay more than the actual cash value of the vehicle, and will pay no more than the **per vehicle limit** toward the repair or replacement of any one vehicle covered herein, subject to the **per policy period limit** stated in the How Much We Pay section of this endorsement.

2. Modification of How Much We Pay Section-

The following provision replaces and supersedes the Physical Damage Limit provision stated in the How Much We Pay section of the Nonowned Vehicle Coverage Form (BGL-71) or, alternatively, in the Broadened Nonowned Vehicle Coverage Form (BGL-71B):

Physical Damage Limit

We will pay no more than the **per vehicle limit** for all damage or loss sustained by any covered **rented vehicle** to which the Rental Vehicle Physical Damage Coverage applies. **We** will pay no more than the **per policy period limit** under

the Rental Vehicle Physical Damage Coverage for all covered Rental Vehicle Physical Damage losses occurring during the **policy period**.

EXCLUSIONS

Each of the exclusions set forth in the Exclusions Section of the GL-100, BGL-11 and the BGL-71 [or the BGL-71B] will apply to the Provision Modification of this endorsement.

CONDITIONS

Each of the Conditions set forth in the Conditions Section of the GL-100, BGL-11 and the BGL-71 [or the BGL-71B] will apply to the Provision Modification of this endorsement.

LIMITATION

Nothing in this endorsement will act to increase any other **limits** of coverage of this policy. No coverage is provided by this endorsement unless the Nonowned Vehicle Coverage Form (BGL-71) or the Broadened Nonowned Vehicle Coverage Form (BGL-71B) is included as part of this policy.

OTHER PROVISIONS

All other provisions of this policy remain unchanged. Nothing in this endorsement will act to modify any **terms** of the policy other than the **terms** specified herein.



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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/18/2023

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.

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).

PRODUCER The Church Insurance Agency Corp 210 South St, Ste 2 Bennington, VT 05201-2894	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: <table style="width: 100%;"> <tr> <td style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> <td style="text-align: center;">NAIC #</td> </tr> <tr> <td>INSURER A : The First Liberty Ins Corp</td> <td>33588</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : The First Liberty Ins Corp	33588	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURER E :															
INSURER F :															
INSURED Christ Church 1700 Santa Clara Ave Alameda, CA 94501-2515															

COVERAGES**CERTIFICATE NUMBER:****REVISION 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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS												
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$												
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$												
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$												
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/>	N / A <input type="checkbox"/>	WC6625900161013002	1/1/2023	1/1/2024	<table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> PER STATUTE</td> <td><input type="checkbox"/> OTH-ER</td> <td></td> </tr> <tr> <td colspan="2">E.L. EACH ACCIDENT</td> <td>\$ 1,000,000</td> </tr> <tr> <td colspan="2">E.L. DISEASE - EA EMPLOYEE</td> <td>\$ 1,000,000</td> </tr> <tr> <td colspan="2">E.L. DISEASE - POLICY LIMIT</td> <td>\$ 1,000,000</td> </tr> </table>	<input checked="" type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTH-ER		E.L. EACH ACCIDENT		\$ 1,000,000	E.L. DISEASE - EA EMPLOYEE		\$ 1,000,000	E.L. DISEASE - POLICY LIMIT		\$ 1,000,000
<input checked="" type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTH-ER																		
E.L. EACH ACCIDENT		\$ 1,000,000																	
E.L. DISEASE - EA EMPLOYEE		\$ 1,000,000																	
E.L. DISEASE - POLICY LIMIT		\$ 1,000,000																	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Proof of Insurance**CERTIFICATE HOLDER****CANCELLATION**

Proof of Insurance -	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
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