

SUPPLEMENTAL REVIEW INFORMATION

RECORD OF CONGREGATION'S INSURANCE COVERAGE

G-3.0112 Insurance

Each council (session) shall obtain property and liability insurance coverage to protect its facilities, programs, staff, and elected and appointed officers.

Insurance Provider: _____

Policy Number: _____

Effective Dates of Policy _____

/ / to / /

This policy covers:

(Confirm that the congregation's insurance policy covers each of the required areas.)

_____ Facilities (building)

_____ Staff

_____ Programs

_____ Appointed Officers

Clerk of Session

Date

Church Name

City

Scheduling Session Records Review Small Groups

The small groups will be scheduled for **July** and **August**,
please consider this as you indicate your preferences.

In which type of electronic gathering would you prefer to participate?

☐
☐
☐

Telephone conference call

Zoom meeting

I am willing to participate in either one

Rank the times that will generally be best for you to participate.

Indicate best time as 1 and others down to at least 5.

Mornings

About 9:00am

Early afternoon

About 1:30pm

Late afternoon

About 4:00pm

Evening

About 7:00pm

____ Monday

____ Monday

____ Monday

____ Monday

____ Tuesday

____ Tuesday

____ Tuesday

____ Tuesday

____ Wednesday

____ Wednesday

____ Wednesday

____ Wednesday

____ Thursday

____ Thursday

____ Thursday

____ Thursday

____ Friday

____ Friday

____ Friday

____ Friday

____ Saturday

____ Saturday

____ **Sunday**

____ **Sunday**

Please provide information regarding significant periods of time that you will not be available during July and August.

Based on your indicated preferences, in late June, you will receive assignment to a small group time and two alternate times. 1 of 1