



# MinistryFirst<sup>SM</sup> Commercial Multi-Peril Insurance Coverage Summary

These are your policy's Declarations.  
Renewal of 36MRA0354580

**BAY AREA NAZARENE DBA KINGSVIEW CHRISTIAN SCHOOL**  
1850 Clark St  
North Bend, OR 97459-2228

**Policy Number 36MRA0354580**  
Brotherhood Mutual Insurance Company  
Print Date: June 19, 2020  
Policy Period: 08/01/2020 at 12:01 a.m. to  
08/01/2021 at 12:01 a.m.

503-588-8229  
**James Reed & Assoc Ins Inc 3600-001**  
915 Lancaster Drive SE  
Salem, OR 97317-5834

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

[www.brotherhoodmutual.com/payonline](http://www.brotherhoodmutual.com/payonline)  
For your convenience, you can make  
premium payments online.

NAMED INSURED                      BAY AREA NAZARENE DBA KINGSVIEW CHRISTIAN SCHOOL  
POLICY NUMBER                      36MRA0354580  
POLICY PERIOD                      08/01/2020 at 12:01 a.m. to 08/01/2021 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/School Institution  
**FORM OF ORGANIZATION:** Corporation

## Policy Overview

COVERAGE DESCRIPTION	DETAILS	COVERAGE DESCRIPTION	DETAILS
Property Coverage	Page 3 - 7	Terrorism Premium	\$417 (See Notice Form BN6ADXOR 3.1 for details)
Resident's Personal Coverage	Page 17 - 17		
Liability Coverage	Page 8 - 15		
Excess Liability Coverage	Page 16 - 16		

## 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:** \$23,603.00                      **PAYMENT SCHEDULE:** See invoice.

## Common Policy Forms

FORM	FORM NAME	FORM	FORM NAME
BN2A 1.1	Notice to our Policyholder	BCP100 4.5	Commercial Property Coverage Conditions
GL100 1.0	Commercial Liability Coverage	CL100 1.0	Common Policy Conditions
CL300 1.0	Amendatory Endorsement	CP1 1.0	Table of Contents
BCL301 1.0	Form Number Reference	BN11A 1.2	Customer Notice: Value-Added Benefits
CL0354 10 13	Amendatory Endorsement Oregon	GL0434 03 02	Amendatory Endorsement Oregon
BCL966OR 1.0	Additional Policy Definition	BN1B 1.0	Notice Of Payment-Related Charges
BCL100OR 1.1	Additional Policy Conditions	G132 10 06	Notice To Policyholders
G129 3-04	Important Notice Oregon	BN6ADXOR 3.1	Notice Terrorism-Related Loss



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# Property Coverage Summary

MinistryFirst<sup>SM</sup> 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
1/1	Church	1850 Clark St North Bend, OR 97459-2228
1/3	Caretakers Dwelling	1850 Clark St North Bend, OR 97459-2228
1/4	Multi-Purpose	1850 Clark St North Bend, OR 97459-2228
1/5	Gym/Classrooms	1850 Clark St North Bend, OR 97459-2228
2/1	Parsonage	1800 Lincoln Rd Coos Bay, OR 97420-1925
3/1	Comm Rental Office	2520 Broadway St North Bend, OR 97459-1635

## Schedule of Buildings and Personal Property

**CHURCH** 1850 Clark St North Bend, OR 97459-2228 **LOCATION 1/1**

COVERAGE DESCRIPTION (INCL. TYPE OF PROPERTY)	COVERAGE LIMIT	COINSURANCE	EQ DED	VALUATION TYPE	AUTO INCR	PERIL TYPE	FORM
Building	\$4,631,000	Agreed Amount	N/A	Replacement Cost	4%	Special with Theft	BCP85OR 4.5
Earthquake	\$4,631,000	Agreed Amount	10%	Replacement Cost	4%	N/A	BCP89 4.5
Building Ordinance & Law Increased Building Loss	\$4,631,000	N/A	N/A	N/A	N/A	N/A	BCP138OR 4.5
Building Ordinance & Law Increased Debris Removal	\$200,000	N/A	N/A	N/A	N/A	N/A	BCP138OR 4.5
Personal Property	\$366,000	Agreed Amount	N/A	Replacement Cost	4%	Special with Theft	BCP85OR 4.5
Earthquake	\$366,000	Agreed Amount	10%	Replacement Cost	4%	N/A	BCP89 4.5

**CARETAKERS DWELLING** 1850 Clark St North Bend, OR 97459-2228 **LOCATION 1/3**

COVERAGE DESCRIPTION (INCL. TYPE OF PROPERTY)	COVERAGE LIMIT	COINSURANCE	EQ DED	VALUATION TYPE	AUTO INCR	PERIL TYPE	FORM
Building	\$163,000	Agreed Amount	N/A	Replacement Cost	4%	Special with Theft	BCP85OR 4.5
Personal Property	\$3,300	Agreed Amount	N/A	Replacement Cost	4%	Special with Theft	BCP85OR 4.5



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**MULTI-PURPOSE** **1850 Clark St North Bend, OR 97459-2228** **LOCATION 1/4**

COVERAGE DESCRIPTION (INCL. TYPE OF PROPERTY)	COVERAGE LIMIT	COINSURANCE	EQ DED	VALUATION TYPE	AUTO INCR	PERIL TYPE	FORM
Building	\$105,000	Agreed Amount	N/A	Replacement Cost	4%	Special with Theft	BCP85OR 4.5

**GYM/CLASSROOMS** **1850 Clark St North Bend, OR 97459-2228** **LOCATION 1/5**

COVERAGE DESCRIPTION (INCL. TYPE OF PROPERTY)	COVERAGE LIMIT	COINSURANCE	EQ DED	VALUATION TYPE	AUTO INCR	PERIL TYPE	FORM
Building	\$2,113,000	Agreed Amount	N/A	Replacement Cost	4%	Special with Theft	BCP85OR 4.5
Earthquake	\$2,113,000	Agreed Amount	10%	Replacement Cost	4%	N/A	BCP89 4.5
Personal Property	\$82,000	Agreed Amount	N/A	Replacement Cost	4%	Special with Theft	BCP85OR 4.5
Earthquake	\$82,000	Agreed Amount	10%	Replacement Cost	4%	N/A	BCP89 4.5

**PARSONAGE** **1800 Lincoln Rd Coos Bay, OR 97420-1925** **LOCATION 2/1**

COVERAGE DESCRIPTION (INCL. TYPE OF PROPERTY)	COVERAGE LIMIT	COINSURANCE	EQ DED	VALUATION TYPE	AUTO INCR	PERIL TYPE	FORM
Building	\$350,000	Agreed Amount	N/A	Replacement Cost	4%	Special with Theft	BCP85OR 4.5
Earthquake	\$350,000	Agreed Amount	10%	Replacement Cost	4%	N/A	BCP89 4.5
Personal Property	\$3,300	Agreed Amount	N/A	Replacement Cost	4%	Special with Theft	BCP85OR 4.5
Earthquake	\$3,300	Agreed Amount	10%	Replacement Cost	4%	N/A	BCP89 4.5

**COMM RENTAL OFFICE** **2520 Broadway St North Bend, OR 97459-1635** **LOCATION 3/1**

COVERAGE DESCRIPTION (INCL. TYPE OF PROPERTY)	COVERAGE LIMIT	COINSURANCE	EQ DED	VALUATION TYPE	AUTO INCR	PERIL TYPE	FORM
Building	\$151,000	Agreed Amount	N/A	Replacement Cost	4%	Special with Theft	BCP85OR 4.5