



**South-Central Synod of Wisconsin**  
**Evangelical Lutheran Church in America**  
God's work. Our hands.

**To:** Those Responsible for Your Congregation's Insurance Purchasing Decisions

**From:** South-Central Synod of Wisconsin Treasurer, Bruce Hutler

**Re:** Blanket Employee Dishonesty Coverage Liability Insurance Renewal

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The ELCA Churchwide office of the Secretary recommends all ELCA congregations have \$100,000 in Blanket Employee Dishonesty Coverage. This coverage protects your congregation from loss resulting from an employee stealing the congregation's property, such as money or securities. An "employee" is defined to include any person appointed to handle the congregation's money or property, thus providing coverage for acts of any volunteers or members. The coverage has a limit of \$25,000 with no deductible.

The South-Central Synod of Wisconsin is once again offering to provide the first \$25,000 of this coverage to all of our congregations through Church Mutual. The cost for your congregation to be covered under the Blanket Employee Dishonesty Insurance Program for 2013 is **\$40.00**. If your congregation will participate this year, please return the completed bottom portion of this page, along with a check payable to the South-Central Synod of Wisconsin, to the Synod offices by February 28, 2013.

If your congregation will not be taking advantage of this coverage, please complete the bottom portion of this page for our records and fax or email a copy to the Synod office.

For more important and helpful recommendations about insurance coverage for congregations, please go to [www.elca.org/insurance](http://www.elca.org/insurance). A downloadable file titled "Guidelines for Purchasing Insurance" is particularly helpful.

**Please note the deadline to respond is FEBRUARY 28, 2013.**

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**Yes!** Our congregation wants to be covered under the Blanket Employee Dishonesty Insurance Program. *Enclosed is our check for \$40.*

**No.** Our congregation is not interested in being covered under the Blanket Employee Dishonesty Insurance Program. If you can, please explain the reason.

Name of Congregation: \_\_\_\_\_

ELCA Church ID: \_\_\_\_\_

Street Address: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_