

Episcopal Church in Connecticut

2018 Insurance Program Handbook

April 2018

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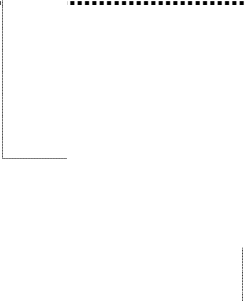
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Using This Handbook

We are committed to making your insurance program easy to understand and access. This handbook is intended to orient you to the Program. It explains who does what, where to turn for answers to your questions, how to stay on top of your coverage, and how to file a claim.

The Service Team at Willis Towers Watson is always happy to talk to you personally about the program and your insurance coverage. Our dedicated staff and your representatives are insurance professionals available to answer your questions and help solve problems.

The purpose of this handbook is to orient you to the Program; however, *it is not intended to offer legal or financial advice.*

Your insurance program includes:

- § Property & Liability Insurance
- § Boiler & Machinery Coverage
- § General Liability
- § Sexual Abuse, Molestation and Harassment Coverage
- § Pastoral Counselling Coverage
- § Umbrella (Excess) Liability Coverage
- § Crime Coverage – Employee Dishonesty, Theft of Money and Securities
- § Directors & Officers Insurance
- § Fiduciary Liability
- § Employment Practices Liability
- § Workers' Compensation Insurance
- § Automobile Insurance Including Non-Owned Automobile Liability

This handbook does not replace or supersede the insurance policy nor does it include all of the benefits or limitations found in the policy. Consult your summary of coverage for particulars of your coverage. If further questions arise, contact the ECCT at The Commons or Willis Towers Watson.

Contacts

The Episcopal Church in Connecticut Representative	
Matt Handi	290 Pratt Street Meriden, CT 06450 Phone: 203.639.3501 ext. 107 mhandi@episcopalct.org
Willis Towers Watson Client Advocate	
Nancy Rogers	617.351.7405 nancy.rogers@willistowerswatson.com
Willis Towers Watson Service Team	
Client Director Suzanne Stanley Hurlburt	617.351.7488 suzanne.stanley@willistowerswatson.com
Casualty Broker Lisa Gordon	617.351.7570 Lisa.Gordon@willistowerswatson.com
Casualty Servicer Vien Nguyen	617.351.7512 Vien.Nguyen@willistowerswatson.com
Property Broker Timothy Lilley	617.351.7479 timothy.lilley@willistowerswatson.com
Senior Property Broker Deirdre Maloney	617.351.7433 deirdre.maloney@willistowerswatson.com
Property Servicer Susan Saunders	860. 278.5776 Susan.Saunders@willistowerswatson.com
Executive Risk Client Manager Janet Marshall-Tate	860-756-7383 janet.marshalltate@WillisTowersWatson.com
Primary Claims Advocate Terry Dill	615.872.6459 terry.dill@willistowerswatson.com
Secondary Claims Advocate Chris Cates	615.872.3122 Chris.Cates@WillisTowersWatson.com
Willis Towers Watson Prudential Tower, 800 Boylston St., Suite 600, Boston MA 02199-8103 Toll Free: 1.800.343.2896 Main No. 617.638.3700 Fax: 617.351.7430	

Contacts for Reporting Claims	
Property Claims York Risk Services	1-201-388-4509
Automobile & General Liability Claims Philadelphia Insurance Company	1-800-765-974924 (24 hour - Toll Free Number)
Worker's Compensation Claims The Hartford	1-800-327-3636
Directors & Officers, Employment Practices Liability, Crime & Cyber Claims Willis Towers Watson	Janet Marshall-Tate - 860-756-7383 and Lisa Sheldon - 407-833-4272

Changes

You need to notify Willis Towers Watson when:

- Property is under construction and/or renovation.
 - Policy has a \$5,000,000 limit of liability for this.
 - Higher limits can be made available when needed.
- There is a change in your property value; new addition, sold building, new building, appraised value.
- You want to add or delete what is being insured (i.e. premises or automobiles),
- Property valued over \$500,000 in transit, such as organs undergoing repairs/renovation.
- If you are having a special event unusual to normal church operations.
- You are opening a day care center or school.
- Something unusual comes up and you have a question about coverage.
- Anytime you have a question or problem.
- Change forms can be found on page 19 (Auto) & page 20 (Property)



If you have any questions, please call your Willis Towers Watson Service Team at **617-638-3700** and ask for

Timothy Lilley (timothy.lilley@willistowerswatson.com) or

Vien Nguyen (vien.nguyen@willistowerswatson.com)

Notes:

In most circumstances, tenants of your facilities must provide their own liability and property insurance (refer to the requirements under section “Certificate of Insurance” that follow).

Boiler Inspections



For Property Boiler Inspections, please Contact
Travelers at 1-800-425-4119 or email BOILSINSP@travelers.com
to schedule a jurisdictional inspection.

Please be prepared with the below information:

- § Episcopal Diocese of CT equipment breakdown policy number: BME19J894133.
- § **Contact Name someone the Travelers inspector will meet with to gain access to the specific building and knows where the equipment requiring inspection is located.**
- § **Email Address and Contact Telephone Number of the person the Travelers will be meeting with**
- § **Type of Equipment requiring inspection**
- § **Certificate inspection due date and certificate number (if new boiler, indicate so)**
- § **When asked regarding location, try to respond with street address that would correspond with the statement of values on file with the carrier.**

How to Report a Claim

Filing a Claim

To facilitate your claim reporting process, use the checklist and incident report that follows to gather the specific information you need to provide when submitting a claim.

The secret to filing and closing a claim quickly and satisfactorily is to follow these simple steps (in this order):

- 1.** It is important that all **claims are reported IMMEDIATELY** to the appropriate company in **Step 5 below**.
- 2.** Have your **Parish ID Number** available. (Numbers can be found on Page 21)
- 3.** **Have the policy ready** that applies to the type of claim you are reporting.

Coverage	Carrier	Policy Number	Eff. Dates
Property/Boiler & Machinery	Starr Companies, Ironshore, Steadfast Insurance, AXIS, Liberty Mutual	No Policy Number Required for Reporting Claims	12/31/17-18
Automobile	Philadelphia Insurance Co.	PHPK1586061	12/31/17-18
Workers' Comp	The Hartford	08 WB AA9HK3	12/31/17-18
General Liability	Philadelphia Insurance Co.	PHPK1586061	12/31/17-18
Crime	Great American Ins. Co.	SAA 375-67-09-17-00	12/31/17-18
Foreign Liability	AIG WorldSource	WR10002017	12/31/17-18
D&O/Employment Practices	National Union (AIG)	04-970-31-81	12/31/17-18
Fiduciary Liability	Illinois National Insurance Co. (AIG)	04-970-1-77	12/31/17-18
Cyber	Beazley Insurance Co	V1D360170201	12/31/17-18

- 4.** **Complete the checklist** and have it on hand when you call in the claim. You are encouraged to not call your Willis Towers Watson service team unless there is a large claim as they generally do not become involved in claims.

Claims Checklist

Before you call the insurance company to report a claim, there are several questions you need to be prepared to answer. The name of the account, (“The Episcopal Diocese of Connecticut”) the **name** of your church and its **Parish ID Number**.

The old **who-what-where-when-how** formula sums up what claims adjusters need when processing a claim. Specifically:

- 1. Who did it or had something done to them?**
 - a. Names, addresses and telephone numbers should be included.
- 2. What happened?**
 - a. A detailed description is necessary. Draw a diagram, if this will help the adjuster understand the description better. In the case of a theft or automobile accident, call the police. You will be asked to provide a copy of the police report.
- 3. Where exactly did it happen?**
- 4. When did it happen?** Again, details are important.
- 5. Why did it happen - what was the cause?**
- 6. Were there any witnesses?** – provide names and contact information.

Names are particularly important in automobile related claims. After car accidents, getting the names of other involved parties who may be responsible, and the names of their insurance companies, and the names, addresses and phone numbers of any witnesses, may save you the cost of the deductible.

For other support documentation, speak to your claims representative.

- 5. The next step is critical:** send the **claims adjuster all supporting documentation** for the claim as soon as possible. Your claims adjuster will specify exactly what needs to be mailed. For instance, there may be a police report, copies of invoices for repairs, insurance information from other involved parties, and whatever else the claims adjuster requests. Send documentation to:

CLAIM	REPORT TO
<p>PROPERTY</p> <p>No Policy Number Required</p>	<p>York Risk Services 705 Barbour St. North Adams, MA 01247 Phone Number- 201-388-4509 Fax Number – 201-420-6487</p>
<p>ALL WORKER’S COMPENSATION</p> <p>Policy # 08 WB AA9HK3</p>	<p>The Hartford Northeast WC Claims Center One Park Place 300 South State Street 7th Floor Syracuse, NY 13201 Toll Free Number – 1-800-327-3636 Fax: 800-347-8197</p>
<p>GENERAL LIABILITY & AUTOMOBILE</p> <p>Policy # PHPK1586061</p>	<p>Philadelphia Insurance Companies Attention: Claims Department PO Box # 950 Bala Cynwyd, PA 19004-0950 Toll Free Number- 1-800-765-9749</p>
<p>D&O/EMPLOYMENT PRACTICES LIABILITY Policy # 04-70-31-81</p> <p>CRIME Policy # SAA 375-67-09-17-00</p> <p>FIDUCIARY LIABILITY Policy # 04-970-31-77</p> <p>CYBER Policy # V1D360170201</p>	<p>Willis Towers Watson Executive Risks:</p> <p>Attn: Janet Marshall-Tate 10 State House Square, 11th Floor Hartford, CT 06103 Phone Number- 860-756-7383</p> <p>AND</p> <p>Lisa Nabipour-Sheldon Colonial Center Parkway, Suite 120, Lake Mary, FL 32746) (D) 407-833-4272 (M) 917-348-8343</p>

When your claim file is complete, a claims adjuster will be assigned to investigate and handle the claim. If you experience unnecessary delays or problems, please contact Terry Dill at Willis Towers Watson at 615.872.6459.

Note: If you have obtained the names of others who may be responsible for the loss and their insurance information, please offer it to the adjuster to use for investigation.

Insurance Claim Incident Report

If additional space is needed, please attach a separate sheet.

Name: _____

Address: _____

Phone: _____ Contact Person: _____

Date of Incident: _____ Time: _____ Type: _____

Loss Location: _____

Claimant: _____ Phone: _____

Address: _____

Description of Incident: _____

Describe Injury: _____

Witness: _____

Name

Address

Phone

Comments: _____

Report Date: _____ Prepared By: _____

Property Loss

The coverages provided in your Property policy are designed to protect your company from the financial impact associated with various types of direct physical loss or damage to your property, including damage to the building contents, structures and personal property.

IMPORTANT: *In the event of an occurrence, take these steps immediately:*

- Do not discard any damaged property. The insurance carrier may need to inspect the scene and any damaged property.
- Take pictures of the loss site if possible.
- Take all reasonable steps to protect the property from further damage.
- Preserve any evidence relating to the cause of the loss.
- Notify the police if a “law” has been broken.

REPORTING A LOSS



Call York Risk Services – Phone Number: 1.203.388.4509

The following is a list of information you will need when reporting your loss. However, **do not** hold up reporting the claim if you do not have all of this information.

YOUR INFORMATION	<ul style="list-style-type: none"> • Company name, address and phone number • Contact person for insurance investigation purposes
CLAIM INFORMATION	<ul style="list-style-type: none"> • Location of incident (street address and building name) • Date and time of loss • Estimated amount of loss • Cause of loss (fire, water, theft, vandalism, etc.)
LOSS INFORMATION	<ul style="list-style-type: none"> • Describe the loss to the building and/or contents • Describe the extent of the damage

All claims are subject to the terms and conditions of the policy, and this document serves only as a guide to assist you in gathering the necessary information so the insurance carrier can evaluate the loss.

General Liability Loss

The coverages provided in your General Liability policy are designed to cover claims that may be the result of your company’s services, operations, premises and products you sell or manufacture, just to name a few. Claims may involve activities that could result in injury (slip and fall on your premises) or property damage (a fire caused by a faulty valve you manufacture) to others. **Exceptions: This will not cover property damage due to an auto accident nor will it cover injuries to employees.**

IMPORTANT: In the event of an occurrence, take these steps immediately:

- Secure medical assistance for any injured persons, if necessary.
- Report the loss to your carrier **AS SOON AS POSSIBLE**
- DO NOT ADMIT FAULT or offer any payment.
- DO NOT DISCUSS the occurrence with anyone except the police or your insurance representative.
- Never discuss your insurance policy with another party. Refer all questions to your insurance carrier.
- Preserve any evidence related to the occurrence, such as a damaged product.
- If possible, take photos of the scene immediately after the occurrence to show the conditions at the time of the accident.
- Obtain witness names, addresses and phone numbers.
- Should anyone receive a lawsuit relating to a General Liability claim or loss involving substantial property damage and/or severe bodily injury or death, contact the insurance company and Willis Towers Watson immediately. Otherwise report the claim directly to the insurance company.

REPORTING A LOSS

Report this incident directly to your insurance carrier.



Philadelphia Insurance Company - Phone Number: 1-800-765-974924

The following is a list of information you will need when reporting your loss. However, **do not** hold up reporting the claim if you do not have all of this information.

YOUR INFORMATION	<ul style="list-style-type: none"> • Company name, address and phone number • Contact person for insurance investigation purposes
DAMAGE TO OTHER PERSONS/ PROPERTY	<ul style="list-style-type: none"> • Name, address and phone # of other party(s) • Describe the damage and/or any injury • Estimate of damages?
CLAIM INFORMATION	<ul style="list-style-type: none"> • Location of incident (street address and building name) • Description, date and time of the loss • Did the incident result in bodily injury, property damage? • Were the police called to the scene? • Witnesses? If yes, name(s), addresses, phone #

All claims are subject to the terms and conditions of the policy, and this document serves only as a guide to assist you in gathering the necessary information so the insurance carrier can evaluate the loss.

Automobile Loss

The coverages provided in your Automobile policy are designed to cover claims that arise out of injury or damage to property *of others* resulting from the maintenance, operation or use of an insured vehicle. You may also have selected coverage for damage to your automobiles. Your particular state law may dictate other types of coverage that are provided (no fault or uninsured/underinsured coverages).

IMPORTANT: *In the event of an occurrence, take these steps immediately:*

- Secure medical assistance for any injured persons, if necessary.
- Report the claim to your carrier AS SOON AS POSSIBLE
- DO NOT ADMIT FAULT or offer any payment.
- DO NOT DISCUSS the occurrence with anyone except the police or your insurance representative.
- Never discuss your insurance policy with another party. Refer all questions to your insurance carrier.
- Preserve any evidence related to the occurrence. If possible, take photos of the accident scene immediately after the occurrence to show the conditions at the time of the accident.
- Obtain witness names, addresses and phone numbers.
- Should anyone receive a lawsuit relating to an Auto claim or a loss involving substantial property damage and/or severe bodily injury or death, contact your adjuster and Willis Towers Watson immediately.

REPORTING A LOSS

Report this incident directly to your insurance carrier.



Philadelphia Insurance Company -Phone Number: 1-800-765-974924

The following is a list of information you will need when reporting your loss. However, **do not** hold up reporting the claim if you do not have all of this information.

YOUR INFORMATION	<ul style="list-style-type: none"> • Company name, address and phone number • Drivers name, telephone #, driver's license # • Is the vehicle drivable? • Where can the vehicle be viewed? • Extent of vehicle damage • Contact person for insurance investigation purposes
DAMAGE TO OTHER PERSONS/ PROPERTY	<ul style="list-style-type: none"> • Name, address and phone # of other driver(s) • Vehicle; make, model, year, VIN and license plate number • Describe the damage and any injury • Is the other vehicle drivable?
ACCIDENT INFORMATION	<ul style="list-style-type: none"> • Location, date and time of accident • Did the accident result in bodily injury? Property damage? • Were the police called to the scene? Was anyone cited? • Describe in detail how the accident occurred • Witnesses? If yes, name(s), addresses, phone #

All claims are subject to the terms and conditions of the policy, and this document serves only as a guide to assist you in gathering the necessary information so the insurance carrier can evaluate the loss.

Workers' Compensation Loss

The coverage provided in your Workers' Compensation policy is designed to cover employees who are injured or contract an occupational disease as a direct result of his/her employment. Providing Workers' Compensation Insurance is a statutory obligation and will be guided by your States specific laws. There are penalties that can be imposed upon an employer for late reporting of an occurrence, so make prompt reporting a high priority.

IMPORTANT: *In the event of an occurrence, take these steps immediately:*

- Secure medical assistance for the injured person, if necessary.
- Report the claim to your carrier **AS SOON AS POSSIBLE**
- Preserve any evidence that may be applicable to the occurrence. If possible, photos should be taken at the scene immediately after the occurrence, to help show the conditions at the site of the occurrence.
- Obtain witness names, addresses and phone numbers.
- In the event of a severe injury or death, also contact Willis Towers Watson (1-800-343-2896).

REPORTING A LOSS

Report this incident directly to your insurance carrier.



The Hartford – phone number 1-800-327-3636

The following is a list of information you will need when reporting your loss. However, **do not** hold up reporting the claim if you do not have all of this information.

YOUR INFORMATION	<ul style="list-style-type: none"> • Company name, address and phone number • Contact person for insurance investigation purposes
EMPLOYEE INFORMATION	<ul style="list-style-type: none"> • Name, address, phone number, sex, marital status • Social Security number, date of birth • Total # dependents, total # dependent children • Name and address of the treating doctor / hospital
LOSS INFORMATION	<ul style="list-style-type: none"> • Date, time, location and description of the incident/loss • Type of injury (cut, scrape, burn, etc.) Portion of the body injured • Job duties (bending, lifting, etc.) • Date employer notified • Last date employee worked • Witnesses
WAGE INFORMATION	<ul style="list-style-type: none"> • Date of hire, full or part time, # of days worked in a week • Salary or hourly wage, hours worked per week

All claims are subject to the terms and conditions of the policy, and this document serves only as a guide to assist you in gathering the necessary information so the insurance carrier can evaluate the loss.

Workers' Compensation

Notice of Occurrence

Account Name: Episcopal Diocese of Connecticut

Employee's Name: _____

Employee's Address and Home Phone No.: _____

Employee's Social Security No: _____

Employee's Age and DOB: _____

Male: _____ Female: _____ Marital Status: _____

Number of Dependents: _____

Employment Status: Department: _____

Date of Hire: _____

Full Time: _____ or Part Time: _____

Hourly Wage or Salary: _____

Hours Worked Per Week: _____

Date of Injury/Illness: _____

Who was Notified of Incident? _____

Date Employer Notified of Incident?: _____

1. Place of Occurrence: _____

Description of Incident (How, Where, Why): _____

Type of Injury (Cut, Scrape, Burn): _____

Exact Part of Body Injured: _____

Return to Work Date: _____

Witness (Name, Address & Phone): _____

Name and Address of Physician/Hospital: _____

Miscellaneous or Other Information: _____

All claims are subject to the terms and conditions of the policy, and this document serves only as a guide to assist you in gathering the necessary information so the insurance carrier can evaluate the loss.

Certificates of Insurance

When your facility is used for an activity not sponsored by you, you must require the sponsoring group have its own insurance. The sponsoring group should provide you with a Certificate of Insurance and an Endorsement naming you as an “Additional Insured.” This will help protect you in the event an accident occurs for which the sponsoring group is responsible.

Failure to obtain a Certificate of Insurance and Additional Insured Endorsement does *not* mean a lapse in your coverage. However, it could result in you being held legally liable for injuries or damages over which you had no control. Similarly, tenants renting your property, contractors working on your property, and bus companies you use should each be required to provide you with a Certificate of Insurance and an Additional Insured Endorsement. Remember, the fewer claim dollars paid by the insuring companies, the stronger our position is with them when negotiating insurance coverage terms and pricing.

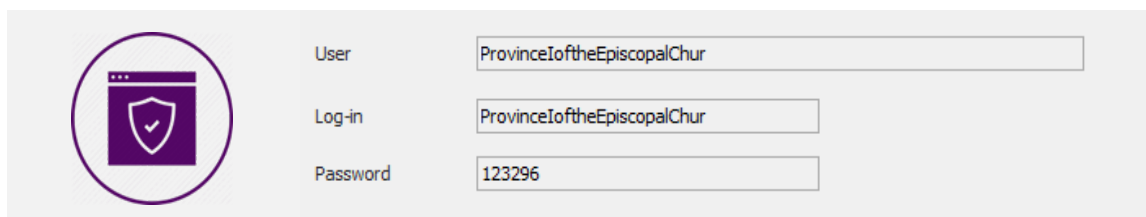
REQUESTING CERTIFICATES

In order to request a certificate you should have the following information:

- Certificate Holder’s complete address
- Description of activity or event (i.e. name, date and location of event)

All requests should reference “The Episcopal Diocese of Connecticut” as the account name. The quickest way to request a certificate is via our website. Just follow these simple steps:

Logon to certs.willis.com



User	<input type="text" value="ProvinceOftheEpiscopalChur"/>
Log-in	<input type="text" value="ProvinceOftheEpiscopalChur"/>
Password	<input type="text" value="123296"/>

Click “Request Form” and complete the screen
Click “Next, and then Submit”



Or you can call, fax or email:

Toll Free Phone: 877.945.7378

Fax 888.467.2378

Email address: certificates@willistowerswatson.com



Phone #: 1-877-945-7378
 FAX #: 1-888-467-2378

E-Mail : Certificates@WillisTowersWatson.com
 Web Site: www.intellicerts.com

The Episcopal Diocese of Connecticut
 EPIC CODE: EPISDIO-01

Today's Date: _____ Requested by Loc # _____ Phone No. _____

REQUEST FOR CERTIFICATE OF INSURANCE

Certificate Holder: _____
 Address: _____
 City, State, Zip: _____
 ATTENTION: _____

Name and Address of location requiring Certificate**

Church Name: _____
 Address: _____
 City, State, Zip: _____
 ATTENTION: _____

**Certificate Center - Please issue certificate with Church information as Description of Operations.

- Required Coverages:
- General Liability
 - Workers Compensation
 - Umbrella
 - Automobile Liability (provide description below)
 - Automobile Physical Damage (provide description below)
 - Property/Contents (provide description below)
 - Equipment (provide description below)
 - Other: _____

Description: _____

- Additional Insured (GL/Auto)
- Loss Payee / Mortgagee

Handling Instructions

- E-mail to Certificate Holder @ _____
- E-mail to Certificate Requester @ _____
- FAX to Certificate Holder @ _____
- FAX to Certificate Requester @ _____

Waiver of Insurance

Below please find an example of a Waiver of Insurance that can be completed and signed by groups that meet on the premises but are unable to supply you with a Certificate of Insurance. This is one way of protecting you in the event an accident occurs for which the sponsoring group is responsible.

_____ Name of Group _____ **shall indemnify, defend and hold harmless** _____ Name of Church _____ **and the Episcopal Diocese of CT and their respective, officers, directors, employees, agents, and representatives harmless from and against any and all claims, demands, causes of action, losses, liabilities, damages and expenses (including reasonable attorney's fees and costs) arising out of or in connection with any allegations brought against** _____ Name of Church _____ **and the Episcopal Diocese of CT and their respective, officers, directors, employees, agents from and against any cost and expense (including reasonable attorney's fees) arising out of the use of the premises or property of** _____ Name of Church _____ **by the undersigned.**

Automobile Change Reporting Form

Name of Church: _____ Date: _____

Address: _____
Number and Street

City, State and Zip Code

Contact Person: _____ Client ID#: _____

Telephone No.: _____ Fax No.: _____

Effective Date: _____ Liability ONLY: _____ Full Coverage: _____

Description of the Automobile (Year, Make, Model, and Vehicle Identification Number):

Delete: _____

Add: _____

_____ miles	\$ _____	\$ _____	_____
Radius of Operation	Actual Cash Value	Cost New	Garaged at (City & Zip)

_____	_____	_____
Number of Passengers	Use of Vehicle	Average Annual Mileage

Driver Information:

Name: _____

Driver's License No.: _____

State of License: _____ Date of Birth: _____

Please attach copy of valid driver's license.

Lien Holder/Additional Insured Information:

Lien

Additional Insured:

Holder:

Loan No:



Return Form To: Prudential Tower, 800 Boylston St., Suite 600, Boston MA 02199-8103

FAX 617-351-7430 (Vien.Nguyen@willistowerswatson.com)

Property Change Reporting Form

To be used to report only: (Check applicable box)

Date: _____

- Newly acquired locations
- Locations that are sold or lease terminated
- New Construction/Renovation
- Adding or Deleting Scheduled Articles

Name of Church: _____ Client ID#: _____

Address: _____
Number and Street

City, State and Zip Code

Contact Person: _____ Email _____

Telephone No.: _____ Fax No.: _____

Add Delete Change Effective date of change: _____

Property:

Location address: _____
(If different from above)

Description if under construction/renovation

Use of Building: _____

Construction Type: _____ Number of Stories: _____

Sprinklered? If so, what parts? _____

Square Footage: _____ Year Built: _____

Building Replacement Cost: \$ _____

Contents Replacement Cost \$ _____

Scheduled Articles:

Value: _____ Description: _____

(Attach an appraisal, bill of sale or other proof of value for scheduled articles)

Lien

Additional Insured:

Holder:

Loan No:



Return Form To: Prudential Tower, 800 Boylston St., Suite 600, Boston MA 02199-8103

FAX 617-351-7430

Timothy.lilley@willistowerswatson.com

Parish Identification Numbers

Loc. #	Church/Organization	Street	City	Zip Code
CT-001	Christ Episcopal Church	56 South Cliff Street	Ansonia	06401
CT-002	St. Martin's Church	290 Cornwall Street	Hartford	06112
CT-004	St. Paul's Church	P.O. Box 449	Bantam	06750
CT-005	Christ Church	526 Amith Road	Bethany	06524
CT-006	St. Thomas' Church	95 Greenwood Avenue	Bethel	06801
CT-007	Christ Episcopal Church	P.O. Box 520	Bethlehem	06751
CT-008	Old St. Andrew's Church	59 Tariffville Road	Bloomfield	06002
CT-009	St. Stephen's Church	590 Bloomfield Avenue	Bloomfield	06002
CT-010	St. George's Church	P.O.Box 9158	Bolton	06043
CT-011	Trinity Church	1109 Main Street	Branford	06405
CT-013	Calvary - St. George's Church	755 Clinton Avenue	Bridgeport	06604
CT-014	St. John's Church	768 Fairfield Avenue	Bridgeport	06604
CT-016	St. Mark's Church	P.O. Box 4182	Bridgeport	06607
CT-017	St. Paul's Church	P.O. Box 2156	Bridgeport	06608
CT-018	St. Mark's Church	P.O. Box 143	Bridgewater	06752
CT-019	St. John's Episcopal Church	851 Stafford Avenue	Bristol	06010
CT-021	Grace Episcopal Church	P.O. Box 405	Broad Brook	06016
CT-022	St. Paul's Church	174 Whisconier Road	Brookfield	06804
CT-023	Trinity Church	P.O. Box 276	Brooklyn	06234
CT-024	Christ Church	P.O. Box 965	Canaan	06018
CT-025	St. Peter's Church	59 Main Street	Cheshire	06410
CT-026	Church of the Holy Advent	P.O. Box 536	Clinton	06413
CT-027	Trinity Church	P.O. Box 374	Collinsville	06022
CT-028	St. James' Church	25 West Street	Danbury	06810
CT-029	St. Alban's Church	254 Broad Street	Danielson	06239
CT-030	St. Luke's Church	1864 Post Rd	Darien	06820
CT-031	St. Paul's Church	471 Mansfield Avenue	Darien	06820
CT-032	Ascension Church	199 Eastgate Drive	Cheshire	06410
CT-033	Immanuel/St. James' Church	123 Minerva Street	Derby	06418
CT-034	St. Andrew's Church (Devon)	P.O. Box 2454	Milford	06460
CT-035	Church of the Epiphany	P.O. Box 337	Durham	06422
CT-036	St. Gabriel's Church	P.O. Box 275	East Berlin	06023
CT-037	St. Stephen's Church	P.O. Box 464	East Haddam	06423
CT-038	All Saints' Church	444 Hills Street	East Hartford	06118
CT-040	Christ and the Epiphany Church	39 Park Place	East Haven	06512
CT-041	Christ's Church	59 Church Road	Easton	06612
CT-043	Holy Trinity Church	383 Hazard Avenue	Enfield	06082
CT-044	St. John's Church	P.O. Box 422	Essex	06426
CT-045	St. Paul's Church	661 Old Post Road	Fairfield	06430
CT-046	St. Timothy's Church	4670 Congress Street	Fairfield	06430
CT-047	Trinity-St. Michael's Fairfield	554 Tunxis Hill Road	Fairfield	06430
CT-048	St. James' Church	3 Mountain Road	Farmington	06032
CT-049	St. David's Church	284 Stoddard's Wharf Rd	Gales Ferry	06335
CT-050	St. James' Church	P.O. Box 206	Glastonbury	06033

CT-051	Saint Barnabas' Church	954 Lake Avenue	Greenwich	06830
CT-052	Christ Church	254 East Putnam Avenue	Greenwich	06830
CT-054	Christ Church	P.O. Box 574	Guilford	06437
CT-055	Grace/St. Peters Church	P.O. Box 5065	Hamden	06518
CT-057	Christ Church Cathedral	45 Church Street	Hartford	06103
CT-058	Church of the Good Shepherd	155 Wyllys Street	Hartford	06106
CT-059	Grace Episcopal Church	55 New Park Avenue	Hartford	06106
CT-060	St. James' Church	75 Zion Street	Hartford	06106
CT-061	St. Monica's Church	PO Box 2184	Hartford	06145
CT-063	Trinity Church	120 Sigourney Street	Hartford	06105
CT-065	St. Peter's Church	30 Church Street	Hebron	06248
CT-066	St. James' Church	P.O. Box 574	Higganum	06441
CT-067	St. Paul's Church	25 Church Street	Huntington	06484
CT-068	All Saints' Church	P.O. Box 576	Ivoryton	06442
CT-069	St. Andrew's Church	P.O. Box 309	Kent	06757
CT-070	Emmanuel Church	50 Emmanuel Church Road	Killingworth	06419
CT-071	Trinity Church	484 Lime Rock Road	Lakeville	06039
CT-072	St. Michael's Church	25 South Street	Litchfield	06759
CT-073	St. Andrew's Church	232 Durham Road	Madison	06443
CT-074	St. Mary's Church	41 Park Street	Manchester	06040
CT-075	St. Andrew's Church	P.O. Box 2007	Marble Dale	06777
CT-076	All Saints' Church	164 Hanover Street	Meriden	06451
CT-077	St. Andrew's Church	20 Catlin Street	Meriden	06450
CT-078	St. George's Church	P.O. Box 162	Middlebury	06762
CT-079	Christ Church	P.O.Box 81	Middle Haddam	06456
CT-080	Holy Trinity Church	381 Main Street	Middletown	06457
CT-081	St. Peter's Church	71 River Street	Milford	06460
CT-082	Trinity Church	P.O. Box 839	Milton	06759
CT-083	St. Peter's Church	On The Green	Monroe	06468
CT-084	St. Mark's Church	15 Pearl Street	Mystic	06355
CT-085	St. Michael's Church	210 Church Street	Naugatuck	06770
CT-086	St. Mark's Church	147 West Main St.	New Britain	06052
CT-087	St. Mark's Church	111 Oenoke Ridge	New Canaan	06840
CT-089	Christ Church	84 Broadway	New Haven	06511
CT-091	St. James' Church	62 East Grand Avenue	New Haven	06513
CT-093	St. John's Church	400 Humphrey Street	New Haven	06511
CT-094	St. Luke's Church	111 Whalley Avenue	New Haven	06511
CT-095	St. Paul's & St. James Church	57 Olive Street	New Haven	06511
CT-096	St. Thomas' Church	830 Whitney Avenue	New Haven	06511
CT-097	Trinity Church	129 Church Street #705	New Haven	06510
CT-098	Grace Church	124 Maple Hill Ave.	Newington	06111
CT-100	St. James' Church	76 Federal Street	New London	06320
CT-101	St. John's Church	P.O. Box 179	New Milford	06776
CT-102	Trinity Church	36 Main Street	Newtown	06470
CT-103	St. John's Church	P.O. Box 810	Niantic	06357
CT-104	Zion Church	326 Notch Hill Road	North Branford	06471
CT-105	Epiphany Eglise c/o St. John's	628 Main Street	Stamford	06901

CT-106	St. Andrew's Church	P.O. Box 96	Northford	06472
CT-107	St. John's Church	129 Ledge Hill Road	N. Guilford	06437
CT-108	St. John's Church	3 Trumbull Place	North Haven	06473
CT-109	Christ Episcopal Church	2 Emerson St.	E. Norwalk	06855
CT-110	Grace Church	Union Park at Mott Avenue	Norwalk	06510
CT-111	St. Paul's Church	60 East Avenue	Norwalk	06851
CT-112	Christ Church	78 Washington Street	Norwich	06360
CT-114	All Saints' Church	P.O. Box 33	Oakville	06779
CT-115	St. Saviour's Church	350 Sound Beach Avenue	Old Greenwich	06870
CT-116	St. Ann's Church	82 Shore Road	Old Lyme	06371
CT-117	Grace Episcopal Church	336 Main Street	Old Saybrook	06475
CT-118	Church of the Good Shepherd	Race Brook Road	Orange	06477
CT-119	St. Peter's Church	421 Oxford Road	Oxford	06478
CT-120	St. John's Church	P.O. Box 27	Pine Meadow	06061
CT-121	St. Paul's Church	27 Babcock Avenue	Plainfield	06374
CT-122	Church of Our Saviour	115 W. Main Street	Plainville	06062
CT-124	Christ Church	P.O. Box 21	Pomfret	06258
CT-125	St. James' Church	95 Route 2A (Preston)	Poquetanuck	06365
CT-126	Trinity Church	345 Main Street	Portland	06480
CT-127	St. Philip's Church	63 Grove Street	Putnam	06260
CT-128	Christ Church	470 Quaker Farms Road	Quaker Farms	06478
CT-129	Christ Church	P.O. Box 54	Redding Ridge	06876
CT-130	St. Stephen's Church	351 Main Street	Ridgefield	06877
CT-131	St. Paul's Church	200 Riverside Avenue	Riverside	06878
CT-132	St. Andrew the Apostle	331 Orchard Street	Rocky Hill	06067
CT-133	Christ Church	P.O. Box 4	Roxbury	06738
CT-134	St. John's Church	P.O. Box 391	Salisbury	06068
CT-136	Trinity Episcopal Church	91 Church Street	Seymour	06483
CT-137	Christ Church	P.O. Box 1778	Sharon	06069
CT-138	Church of the Good Shepherd	182 Coram Avenue	Shelton	06484
CT-140	St. Alban's Church	197 Bushy Hill Road	Simsbury	06070
CT-141	Church of the Epiphany	262 Main Street North	Southbury	06488
CT-142	St. Luke's Church	P.O. Box 155	S. Glastonbury	06073
CT-143	St. Paul's Church	145 Main Street	Southington	06489
CT-144	Trinity Church	P.O. Box 400 Attn: Bookkeeper	Southport	06490
CT-145	Grace Church	P. O. Box 65	Stafford Springs	06076
CT-147	St. Andrew's Church	1231 Washington Boulevard	Stamford	06902
CT-148	St. Francis' Church	503 Old Long Ridge Road	Stamford	06903
CT-149	St. John's Church	628 Main Street	Stamford	06901
CT-150	Iglesia Betania	2 Emerson St.	S. Norwalk	06855
CT-151	Christ the Healer	20 Brookdale Road	Stamford	06903
CT-152	Calvary Episcopal Church	31 Church Street	Stonington	06378
CT-153	St. Mark's Chapel	42 No. Eagleville Road	Storrs	06268
CT-154	Attn: Don Kardos - Christ Church	2000 Main Street	Stratford	06615
CT-156	Trinity Church	11 Church Street	Tariffville	06081
CT-157	Christ Church	5170 Madison Avenue	Trumbull	06611
CT-158	St. Peters/Trinity Church	160 Main Street	Thomaston	06787

CT-159	Trinity Church	220 Prospect Street	Torrington	06790
CT-160	Grace Episcopal Church	5958 Main Street	Trumbull	06611
CT-161	Trinity Church	1734 Huntington Turnpike	Trumbull	06611
CT-162	St. John's Church	P.O. Box 2237	Vernon	06066
CT-163	St. Paul's Church	65 North Main Street	Wallingford	06492
CT-164	St. Peter's Church	109 Sand Hill Road	South Windsor	06074
CT-165	St. John's Church	92 Main Street	East Windsor	06088
CT-166	St. John's Church	P.O. Box 1278	Washington	06793
CT-167	Christ Church	2030 East Main Street	Waterbury	06705
CT-168	St. John's Church	16 Church Street	Waterbury	06702
CT-171	Christ Church	25 The Green	Watertown	06795
CT-172	St. Paul's Church	P.O. Box 598	Westbrook	06498
CT-173	St. James' Church	19 Walden Street	West Hartford	06107
CT-174	St. John's Church	679 Farmington Avenue	West Hartford	06119
CT-175	Church of the Holy Spirit	28 Church Street	West Haven	06516
CT-177	Emmanuel Church	285 Lyons Plain Road	Weston	06883
CT-178	Christ & Holy Trinity Church	55 Myrtle Avenue	Westport	06880
CT-179	Trinity Church	300 Main Street	Wethersfield	06109
CT-180	St. Paul's Church	220 Valley Street	Willimantic	06226
CT-181	St. Matthew's Church	36 New Canaan Road	Wilton	06897
CT-182	St. Paul's Church	P. O. Box 82	Windham	06280
CT-183	Grace Church	311 Broad Street	Windsor	06095
CT-184	St. James' Church	160 Main Street	Winsted	06098
CT-185	All Saint's Church	P.O. Box 6015	Wolcott	06716
CT-186	St. Paul's Church	P.O. Box B	Woodbury	06798
CT-187	St. John the Evangelist	360 Church Street	Yalesville	06492
CT-188	Grace Church	P.O. Box 126	Yantic	06389
CT-189	The Middlesex Cluster Ministry	P.O. Box 829	Higganum	06411
CT-193	Greater Hartford Regional Ministry	12 Rector Street	East Hartford	06108
CT-199	Transfiguration Church	P.O. Box 369	Norfolk	06058
CT-201	IRIS Attn: Chris George	235 Nicoll St. 2nd Floor	New Haven	06511
CT-204	The Commons	290 Pratt Street	Meriden	06450
CT-208	Colt Trustees	80 Wethersfield Avenue	Hartford	06114
CT-215	Camp Washington, Inc.	190 Kenyon Road	Lakeside	06758
CT-217	Episcopal Church at Yale	P.O. Box 201955	New Haven	06520
CT-223	Girl's Friendly Society	89 Jinny Hill Road	Cheshire	06410
CT-224	Berg Home	461 Mill Hill Terrace	Southport	06490
CT-231	St. Mary's C/O S.P. Boody	7 Willard Ave. Ext	Old Saybrook	06475
CT-232	St. Michels Prop. Acct.	C/O St. Michael's, South Street	Litchfield	06759
CT-233	St. Thomas Day School	830 Whitney Avenue	New Haven	06511
CT-235	The Seabury Society/Glebe House	Hollow Road - P O Box 245	Woodbury	06798
CT-240	Episcopal Church Women	C/O S. Pipkin, PO Box 5036	Bridgeport	06610
CT-257	George Beach Hm. c/o Matt Anderson	635 Farmington Ave.	Hartford	06105
CT-331	STM Elderly Housing	3545 North Main Street	Hartford	06120

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