REIMBURSEMENT OF INSURANCE EXCESSES – GRANT APPLICATION

**This application is to reimburse parishes/benefices for insurance excess costs, suffered as a result of two or more successful claims being made on the same church building, within a reasonable time frame (eg 12 – 18 months). The current level of the excess is £500 per claim. Applications will only be considered if accompanied by supporting documents which evidence the submission and approval of the claim(s).**

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| **Church:** |
| **Parish/Benefice:** |

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| **Incumbent:** | **Church Warden:** |
| **Contact Details:** | **Contact Details:** |

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| **Brief summary, including dates, of claims submitted to EIG**1st Claim (Excess not refundable) ………………………………………………………………………………….……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………………………..2nd Claim ……………………………………………………………………………………………………………………...………………………………………………………………………………………………………………………………….….……………………………………………………………………………………………………………………………………..……………………………………………………………………………………………………………………………………………..3rd claim …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………………………….……………………………………………………………………………………………………………………………………………4th claim ……………………………………………………………………………………………………………………………..…………………………………………………………………………………………………………………………………………..…………………………………………………………………………………………………………………………………………..…………………………………………………………………………………………………………………………………………..If more than 4 claims in total, please continue on a separate sheet. |

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| 1. Have all the claims being approved/settled? (If not, please indicate why)

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| **Additional relevant information (at your discretion):**…………………………………………………………………………………………………………………………………………………………….……………………………………………………………………………………………………………………………………………………………..…………………………………………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………………………………………….……………………………………………………………………………………………………………………………………………………………. |
| **Please confirm that you have included the necessary supporting evidence of the insurance claims.****(Please refer to opening note)****If not included, when will it be available? Date:-** | **YES/NO** |

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| **Applicant’s Signature:** ………………………………………………………………. **Date:** ……………………………………….. |

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| 6. | **Finance Section** **YES/NO** **Approved Date………………………………………****Signed by: ……………………………………………. Total amount£………………………………………..** |

Please return to: Libby Morgan-Owen, The Diocese of Monmouth, 64 Caerau Road, Newport, NP20 4HJ. Telephone: 01633 267490. Email – libbymorgan-owen@churchinwales.org.uk