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)   …………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………   1. Have all the repair works been carried out satisfactorily, including any necessary faculties? (If not, please indicate why)   ………………………………………………………………………………………………………………….  ………………………………………………………………………………………………………………….  ………………………………………………………………………………………………………………….   1. Have you liaised with your Archdeacon regarding these claims/application? (If not, please indicate your willingness (or not) for this to be done on your behalf)   ………………………………………………………………………………………………………………….  ………………………………………………………………………………………………………………….  ………………………………………………………………………………………………………………… | **YES/NO**  **YES/NO**  **YES/NO** |

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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](mailto:libbymorgan-owen@churchinwales.org.uk)