

Christian Congregation of Jehovah's Witnesses



Risk Management Office
25 Columbia Heights, Brooklyn, NY 11201-2483
Phone: (718) 560-5000 Fax: (718) 560-8877

██████████ December 1, 2003

TO: BODIES OF ELDERS OF CONGREGATIONS WHICH HAVE IN RECENT YEARS
CELEBRATED THE MEMORIAL IN A RENTED FACILITY

Dear Brothers:

If you will be renting a facility for the Memorial in 2004 and the owner requires evidence of insurance, please complete the form on the back of this letter and return it to the Risk Management Office. The requested Certificate of Insurance will be mailed to the presiding overseer.

If you are meeting in a Kingdom Hall, you do not need a Certificate of Insurance. However, it may be that one of the other congregations sharing your Kingdom Hall will use an outside facility this year. **If this is the case, please give this letter to that congregation.**

There are many congregations that celebrate the Memorial in facilities which require a Certificate of Insurance. To avoid a last-minute rush, we would appreciate receiving these requests before **January 15, 2004**. If the facility requests special phrasing for the Certificate of Insurance or endorsements, several weeks may be added to the processing time.

We pray that Jehovah will bless your preparations for this most important event of the year. If you are using an outside facility, these preparations should include a thorough inspection of the location to ensure that there are no safety problems that could mar the celebration. Check for items such as trip hazards, wet floors and poor lighting. Be sure that all exit doors are fully operational and that they are not locked or blocked in some way that would prevent easy access to a safe area well away from the building.

We take this opportunity to send our warm Christian love to you.

Your brothers,

*Christian Congregation
of Jehovah's Witnesses*

REQUEST FOR CERTIFICATE OF INSURANCE

MEMORIAL - APRIL 4, 2004

(PLEASE TYPE OR PRINT NEATLY)

CONGREGATION: _____
(Name, City, State) Cong. Number

LOCATION OF THE FACILITY WHERE MEMORIAL WILL BE HELD:

Official Name of Facility: _____

Address of Facility: _____

OWNER OF THE FACILITY:

Official Name of Owner: _____

Owner's Address: _____

PLEASE MAIL THIS FORM BY **January 15, 2004** TO:

CHRISTIAN CONGREGATION OF JEHOVAH'S WITNESSES
c/o RISK MANAGEMENT
25 COLUMBIA HEIGHTS
BROOKLYN, NY 11201-2483