

Agency Name:
Address:
Contact Name:
Phone:
Email:

Churches or Other Houses of Worship Supplemental Application

COMPLETE IN ADDITION TO THE APPLICABLE ACORD APPLICATIONS

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant Name _____ Agent _____

Applicant Mailing Address _____ Applicant Phone Number _____

_____ Web Address _____

_____ Inspection Contact _____

Proposed Policy Period _____ to _____ Phone Number for Inspection Contact _____

Applicant is Individual Partnership Corporation Joint Venture Other _____

Location #1 _____

Location #2 _____

Location #3 _____

GENERAL LIABILITY

1. Date church established: _____ Size of congregation: _____

2. Denomination affiliation? _____

3. Physical description of facility: # of stories _____ Bldg. sq. footage _____ Portion occupied _____

4. Does the applicant sponsor or host any special events? Yes No
If yes, complete S305 Special Event Application

5. Are there any foreign operations or exposures (e.g. missionaries going abroad)? Yes No

6. If child-sitting/nursery operations during church / religious services, is there a sign in and sign out procedure for the children? Yes No

7. Are there written hiring procedures for all employees, volunteers, etc.? Yes No

Do hiring procedures include the following? (check all that apply)

Background Check (including criminal records) Previous employers

Fingerprint check Personal references

PASTORAL PROFESSIONAL LIABILITY

1. Number of pastors: _____

PASTORAL PROFESSIONAL LIABILITY (You May Only Select One Option)

| | | |
|--------------------------|------------------------------|----------------------|
| <input type="checkbox"/> | \$ 25,000 Each Wrongful Act | \$ 50,000 Aggregate |
| <input type="checkbox"/> | \$ 50,000 Each Wrongful Act | \$ 100,000 Aggregate |
| <input type="checkbox"/> | \$ 100,000 Each Wrongful Act | \$ 300,000 Aggregate |

2. Has the organization or any of its past or present directors, officers, trustees, committee members, employees or anyone acting in a ministerial capacity ever been involved in a lawsuit or claim for any professional liability services, including but not limited to pastoral counseling or other counseling services? Yes No
3. Does applicant offer counseling services? (If yes, complete below) Yes No

| TYPES OF COUNSELING SERVICES | % OF OPERATIONS (MUST TOTAL 100%) |
|--|-----------------------------------|
| <input type="checkbox"/> Family | |
| <input type="checkbox"/> Marital | |
| <input type="checkbox"/> Criminal | |
| <input type="checkbox"/> Crisis Intervention | |
| <input type="checkbox"/> Sexual offenders | |
| <input type="checkbox"/> Narcotics | |
| <input type="checkbox"/> Alcohol | |
| <input type="checkbox"/> Domestic Abuses | |
| <input type="checkbox"/> Other counseling (specify): | |

- a. Are church members referred to specialists when appropriate (ex: psychiatrist)? Yes No
- b. Does the applicant have any pastors or clergy that maintain current counseling licenses or possess a professional designation, certificate, or degree? Yes No
- c. Are written procedures in place to protect the confidentiality of church members? Yes No

ABUSE OR MOLESTATION COVERAGE N/A

1. Does applicant have a formal, written policy regarding abuse? Yes No
2. Is the staff trained to recognize signs of abuse? Yes No
3. Is there a formal policy requiring incident reporting? Yes No
4. Is there a procedure in place that helps mitigate situations that could lead to abuse allegations? Yes No
5. Has the organization or any of its past or present directors, officers, trustees, committee members, employees or anyone acting in a ministerial capacity ever been involved in a lawsuit or claim for sexual abuse, misconduct or molestation, or has any charge or arrest been made against said person for the same? Yes No

OPTIONAL EXPOSURES:

SCHOOLS:

1. Does the organization operate a school (kindergarten or higher)? Yes No
If yes, please submit to Underwriting and complete the following questions.
2. Does the school carry either a regional or national accreditation? Yes No N/A
3. Is the applicant properly licensed? Yes No N/A
4. Maximum student capacity: _____ Current enrollment: _____
5. Provide a list of extracurricular activities and confirm waivers are signed by parents.
6. Do you have dormitories? Yes No N/A

7. Do you accept special needs students? Yes No N/A
 If yes, explain: _____
 Does applicant employ qualified individuals to handle these children and their specific needs? Yes No N/A

CAMPS:

1. Does the organization have day camp operations? Yes No
 If yes, complete the following questions
 Total number of days the camp is in operation during the policy period: _____
 Total number of campers per day: _____
2. Are there water exposures on premises (beaches, lakes, swimming pools)? Yes No N/A
3. Provide details of all activities offered _____

4. Are there any off-premises exposures or field trips? Yes No N/A
5. Staff to camper ratio: _____

DAY CARE:

1. Does the organization operate a day care? Yes No
 If yes, complete the following questions:
 Food prepared on premises? Yes No N/A
 Is kitchen arranged so that the children do not have access to it? Yes No N/A
 Indicate all safety equipment located on premises.
 Smoke detectors Lighted exit signs Fire extinguishers
 Sprinklers Child safety equipment Fire alarms
 Are all of the above inspected annually? Yes No N/A
2. Have premises been inspected for compliance with building codes and health standards? Yes No
 Has the facility been cited for health, safety or building code violations during last 3 years? Yes No
3. Is safety education provided for children? Yes No
 Are fire drills conducted? Yes No
4. Is there an outdoor play area? Yes No
 Is it fenced? Yes No
 Describe ground cover of the play area.
 ___% Grass ___% Dirt ___% Sand ___% Concrete
 ___% Rock ___% Blacktop ___% Wood chips ___% Other _____
5. Describe outdoor play equipment, including any unusual or special equipment. _____

- Is all playground equipment properly anchored? Yes No
6. Any swimming facilities on premises? Yes No
 Above Ground Depth of Water _____ Diving board – Height _____
 Below Ground Fence – Height _____ Self-Locking Gate
 Teach / Child Ratio _____ Age Levels of Participation _____ Waivers signed for Participation _____

7. Do you offer off-premises activities? Yes No

If yes, describe: _____

What age levels participate? _____

Chaperon to child ratio? _____

8. Does the applicant provide before and after school care? Yes No

If yes, explain how children are transported. _____

9. Are procedures in place to verify that all after school children are accounted for? Yes No

10. Is there a formal drop off and pick up procedure in place? Yes No

Describe. _____

11. Is the risk licensed by the state? Yes No

If yes, provide license # _____ and Expiration Date _____

How long has applicant been licensed? _____ Indicate number of children licensed to handle: _____

Hours of Operation ____ AM ____ PM Days of Week Open Sun M Tu Wed Th Fr Sat

Average daily attendance ____ (Note: Supporting documentation must be available to qualify response)

12. Indicate the number of children and the number of attendants assigned to each age group:

| Age Group | # of Children | # of Attendant | Full Time (f/t) or Part Time (p/t) Care |
|-------------------------|---------------|----------------|---|
| 2 months to 24 months | _____ | _____ | _____ (F/T) _____ (P/T) |
| 25 months to 3 years | _____ | _____ | _____ (F/T) _____ (P/T) |
| 4 years to 6 years | _____ | _____ | _____ (F/T) _____ (P/T) |
| Before/After School Age | _____ | _____ | _____ (F/T) _____ (P/T) |

13. Are "special needs" children cared for? Yes No

If yes, explain _____

Is applicant staffed with qualified individuals to handle these children and their special needs? Yes No

14. Describe qualifications of applicant (include education, years of experience and special training) _____

15. Are there any licensed teachers? Yes No

Any nurse or health care professionals employed? Yes No

Are all staff members 18 years or older? Yes No

If no, explain. _____

16. Describe applicant's policy on illness (when sick children can and can not be in attendance). _____

17. Describe how an injury or illness is handled (**Attach** formalized procedures on the handling of emergencies).

- 18. Does applicant maintain a record of medical information (allergies, regular medications, doctor name and phone number, emergency numbers of parents etc.)? Yes No
- Does applicant require parents to provide medical care release? Yes No
- Do you dispense medication? Yes No
- Are all medications kept in a locked cabinet? Yes No

19. **Attach** a copy of the applicant's rules and discipline policy.

PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

FRAUD STATEMENT – FOR THE STATE(S) OF:

Alabama, Arkansas, Louisiana, Maryland, Rhode Island, Texas, West Virginia:

NOTICE: Any person who knowingly (For Maryland add: *or willfully*) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (For Maryland add: *or willfully*) presents false information in an application for insurance is guilty of a crime and may be subject to (For Alabama add: *restitution*,) fines and confinement in prison (For Alabama add: *or any combination thereof*).

Alaska

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona

For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

California

For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Connecticut, Georgia, Hawaii, Illinois, Missouri, Montana, North Carolina, North Dakota, South Carolina, South Dakota, Wisconsin:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Delaware, Idaho:

Any person who knowingly, and with intent to (For Delaware add: *injure*) defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

District of Columbia

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida

Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Indiana

Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Kansas

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Kentucky

Application Forms: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine, Tennessee, Virginia, Washington:

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

Massachusetts, Nebraska, Vermont:

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

Minnesota

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in NH Rev. Stat. § 638:20.

New Jersey

Application Forms: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison. In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that the misinformation is material to the content of the policy, we relied upon the misinformation and the information was either material to the risk assumed by us or provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests. With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional. Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

Pennsylvania

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Producer's Signature

Date

Applicant's Signature

Date