

Agency Name:
 Address:
 Contact Name:
 Phone:
 Fax:
 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. If child-sitting/nursery operations during church / religious services, is there a sign in and sign out procedure for the children? Yes No

6. 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"/>	\$ 50,000 Each Wrongful Act	\$ 100,000 Aggregate
<input type="checkbox"/>	\$ 100,000 Each Wrongful Act	\$ 300,000 Aggregate
<input type="checkbox"/>	\$ 300,000 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

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 so, please submit to Underwriting.
2. Does the school carry either a regional or national accreditation? Yes No
3. Is the applicant properly licensed? Yes No
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
7. Do you accept special needs students? Yes No
If yes, explain: _____
- Does applicant employ qualified individuals to handle these children and their specific needs? Yes No

DAY CARE:

1. Does the organization operate a day care? Yes No
If yes, please complete A007 Day Care Application

CAMPS:

1. Does the organization have day camp operations? Yes No

If yes, provide 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

3. Provide details of all activities offered _____

4. Are there any off-premises exposures or field trips? Yes No

5. Staff to camper ratio: _____

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, Alaska, Arizona, Arkansas, California, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Illinois, Indiana, Iowa, Louisiana, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming: 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.

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 from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

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.

Hawaii: Intentionally or knowingly misrepresenting or concealing a material fact, opinion or intention to obtain coverage, benefits, recovery or compensation when presenting an application for the issuance or renewal of an insurance policy or when presenting a claim for the payment of a loss is a criminal offense punishable by fines or imprisonment, or both.

Kansas: Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by 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 or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Kentucky, Ohio, Pennsylvania: 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.

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

New Jersey: 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.

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.

Producer's Signature

Date

Applicant's Signature

Date