

# Storefront/Community Church Supplemental Application

## Commercial Excess

Submit supplemental application along with a completed ACORD application  
 Please fill out the General Information section, along with the section(s) you are requesting coverage.  
 Type of coverage being requested:  General Liability  Property  Non Profit D&O

### GENERAL INFORMATION:

1. Name of Organization: \_\_\_\_\_
2. Location Address: \_\_\_\_\_
3. Mailing Address: \_\_\_\_\_
4. Website Address: \_\_\_\_\_
5. Does this organization have a tax exempt status as defined by the I.R.S.?  Yes  No
6. Does the organization have functioning and operational smoke and/or heat detectors in all public areas and units?  Yes  No
7. Has the organization been cancelled or non-renewed for of insurance in the past 3 years?  Yes  No  
 (If yes, please provide details separately)

### RATING INFORMATION:

8. Total #of buildings: \_\_\_\_\_ Total sq. ft. per building: Building 1: \_\_\_\_\_ Building 2: \_\_\_\_\_ Building 3: \_\_\_\_\_  
 Total sq. ft. being used for church operations per building: Building 1: \_\_\_\_\_ Building 2: \_\_\_\_\_ Building 3: \_\_\_\_\_
9. Building Interest:  Owner  Tenant
10. For property coverage, provide limits: Building 1: \_\_\_\_\_ Building 2: \_\_\_\_\_ Building 3: \_\_\_\_\_  
 Contents 1: \_\_\_\_\_ Contents 2: \_\_\_\_\_ Contents 3: \_\_\_\_\_
11. Does the organization have any residential facilities for clergy only?  Yes  No  
 If yes, please provide square footage: (sq. ft.) \_\_\_\_\_
12. Does the organization lease space to others?  Yes  No  
 If yes, Apartments \_\_\_\_\_ (#of units), Mercantile \_\_\_\_\_, (sq. ft.), Other \_\_\_\_\_  
 Description of mercantile operations \_\_\_\_\_
13. Total number of members \_\_\_\_\_
14. Total number of employees: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Volunteers \_\_\_\_\_ Seasonal \_\_\_\_\_
15. Annual revenue: \_\_\_\_\_ Fund Balance (Total assets minus total liabilities): \_\_\_\_\_

### GENERAL LIABILITY:

16. Check all services that apply and provide details for each:  
 School  Youth/Recreation Center  Overnight Camp  Missionary Trips  Adult Daycare  
 Soup Kitchen  Pool  Medical Ministry  Job Training  Shelter Operation  
 Fair  Rooming House  Cemetery  Other-----  
 Details of Checked items: \_\_\_\_\_
17. Are all exit signs illuminated on premises?  Yes  No
18. Are there two or more means of egress?  Yes  No
19. Any anticipated construction of new buildings or alterations to existing structures?  
 (If yes, please provide details separately)  Yes  No
20. Does organization require commercial tenants to carry general liability insurance with organization named as an additional insured?  Yes  No
21. Has the organization or any of its past or present directors, officers, trustees, committee members, employees, volunteers or others acting on behalf of the organization ever been accused of or been involved in a lawsuit, claim or criminal charge involving sexual abuse, sexual misconduct or sexual molestation?  Yes  No

22. Are there child-sitting/nursery operations during the services?  Yes  No  
 a. If yes, is there a sign in and sign out procedure for the children?  Yes  No
23. Does the organization have a Child Care, After School Program or Day Camp operations? (f yes, please complete our Child Care Addendum to Storefront/Community Church)  Yes  No

**ABUSE & MOLESTATION LIABILITY:**

24. Does your hiring process for employees and volunteer workers include questions about whether the individual has ever been convicted of any crime and involved in any lawsuit, claim or criminal charge involving sexual abuse, sexual molestation or sexual misconduct?  Yes  No
25. Do you require and verify prior employment and personal references on every prospective employee?  Yes  No
26. Except for bona fide counseling sessions, are minors ever left alone with only one adult in any program, service, event or other church-sponsored activity?  Yes  No
27. Do you follow policies or procedures for the proper supervision of employees and volunteers who are in direct contact with minors and other individuals in all on-site or off-site programs, services, events or other activities of Applicant?  Yes  No

**PASTORAL PROFESSIONAL LIABILITY:**

Check Limit Option that applies (cannot exceed GL Limit):

- 100,000  300,000  500,000  1,000,000

28. Does the organization have more than 5 pastors/clergy on staff?  Yes  No
29. Does the organization offer counseling services for a fee?  Yes  No
30. Does the organization utilize contracted counseling providers?  Yes  No
31. Are members referred to specialists when appropriate?  Yes  No
32. Are procedures in place to protect the confidentiality of members?  Yes  No
33. Have there been any prior allegations, claims or suits as a result of counseling services?  Yes  No
34. **HIRED AND NONOWNED AUTO:**  Check if coverage is desired and answer questions a through c  
 Note: If Hired /Nonowned is checked, Limit will equal General Liability Occurrence limit.
- a. Does the organization have a Business (or Commercial) Automobile Insurance Policy in force or own or lease autos on a long term basis?  Yes  No
- b. Does the organization regularly transport people or deliver goods or products?  Yes  No
- c. Does the organization require its employees to use their personal automobile to conduct the organization's business on a regular basis?  Yes  No

**PROPERTY**

35. Does the organization's buildings have aluminum wiring (including partial) or knob and tube wiring?  Yes  No
36. Is 100% of the electrical wiring on functioning and operational circuit breakers?  Yes  No
37. Are any buildings currently damaged by fire or otherwise?  Yes  No
38. Are any buildings partially constructed?  Yes  No
39. Is this property a seasonal operation?  Yes  No
40. Has the organization had any bankruptcies, tax or credit liens against them in the past 5 years?  Yes  No
41. Has any officer or board member of organization been previously convicted of the felony of arson?  Yes  No

| Complete the following questions only if Special Cause of Loss is requested for the building:  | True                     | False                    |
|--|--------------------------|--------------------------|
| Plumbing system is completely copper or PVC.   | <input type="checkbox"/> | <input type="checkbox"/> |
| Electrical System is less than 35 years old.   | <input type="checkbox"/> | <input type="checkbox"/> |
| Roofing has been replaced or recoated with the past 10 years for flat; 20 years for single or composite; 40 years for metal; 25 years for tile; or 50 years for slate. | <input type="checkbox"/> | <input type="checkbox"/> |

NON PROFIT DIRECTORS & OFFICERS AND EMPLOYMENT PRACTICES LIABILITY

- 42. Does the Organization engage in any disciplinary actions as a result of peer review activities?  Yes  No
- 43. Does the Organization administer or sponsor any insurance programs?  Yes  No
- 44. Is the Organization involved in any accreditation or standard setting activities?  Yes  No
- 45. Does the Applicant have any Subsidiaries requiring coverage?  Yes  No  
     If yes, please complete the Non Profit Subsidiary Addendum (NPSADD).  Yes  No

46. Name and title of individual designated to receive all notices on behalf of the Insured: \_\_\_\_\_  
 Title \_\_\_\_\_ Phone Number. \_\_\_\_\_

47. Directors and Officers Liability Insurance carried:

| Insurer | Limits of Liability | Premium | Retention | Policy Period |
|---------|---------------------|---------|-----------|---------------|
|         |                     |         |           |               |

- 48. Does the organization currently carry General Liability Insurance?  Yes  No
- 49. Within the last 5 years, has any inquiry, complaint, notice of hearing, claim or suit been made (including, but not limited to, Equal Employment Opportunity Commission, State Human Rights Boards, Municipal, State or Federal Regulatory Authorities), against the Organization, or any person proposed for Insurance in the capacity of Director, Officer, Trustee, Employee or Volunteer of the Organization?  Yes  No  
 (f yes, please forward a completed USLI supplemental claims application.)
- 50. Is any person proposed for this insurance aware of any fact, circumstance or situation, which may result in a claim against the Organization or any of its Directors, Trustees, Officers, Employees or Volunteers?  Yes  No  
 (f yes, please forward a completed USLI supplemental claims application.)

**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

If the primary address of the location listed in item #1 is in the state of New York, Iowa, or Florida, the states of New York, Iowa and Florida require that we have the name and address of your (insured's) authorized Agent or Broker.

Name of authorized Agent or Broker \_\_\_\_\_

Agent or Broker License number \_\_\_\_\_

Mail complete application through local Agent or Broker to: \_\_\_\_\_

\_\_\_\_\_