

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. 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"/>	\$ 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

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
2. Total number of days the camp is in operation during the policy period: \_\_\_\_\_  
 Total number of campers per day: \_\_\_\_\_
3. Are there water exposures on premises (beaches, lakes, swimming pools)?  Yes  No  N/A
4. Provide details of all activities offered \_\_\_\_\_  
 \_\_\_\_\_
5. Are there any off-premises exposures or field trips?  Yes  No  N/A
6. 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
6. 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
7. Is safety education provided for children? .....  Yes  No  
 Are fire drills conducted? .....  Yes  No
8. 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 \_\_\_\_\_
9. Describe outdoor play equipment, including any unusual or special equipment. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Is all playground equipment properly anchored? .....  Yes  No
10. 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 \_\_\_\_\_

11. Do you offer off-premises activities? ..... Yes  No  
 If yes, describe: \_\_\_\_\_  
 What age levels participate? \_\_\_\_\_  
 Chaperon to child ratio? \_\_\_\_\_

12. Does the applicant provide before and after school care? ..... Yes  No  
 If yes, explain how children are transported. \_\_\_\_\_

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

14. Is there a formal drop off and pick up procedure in place? ..... Yes  No  
 Describe. \_\_\_\_\_

15. 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)

16. 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)

17. 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

18. Describe qualifications of applicant (include education, years of experience and special training) \_\_\_\_\_

19. 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. \_\_\_\_\_

20. Describe applicant's policy on illness (when sick children can and can not be in attendance). \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

- 22. 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

23. **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, 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.

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Producer's Signature

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Date

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Applicant's Signature

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Date