



Church/Religious Organizations Supplemental Application

APPLICANT'S NAME		DBA (if applicable)	
Mailing Address	City	State	Zip
Email of Primary Contact		Phone Number	
Audit Contact Name (if different from above)		Phone Number	
First Year in Business		Annual Sales/Revenue	
Number of Employees			

LOCATION INFORMATION

Bldg #	Location Address	City/State/Zip	PC	Building Use	Building sqr ft	Year Built	Type of Roof	Year Roof Updated	Contents Limit	Building Limit

Include Equipment Breakdown Coverage? YES NO

Has Electric box been updated to circuit breakers?

Plumbing been Maintained, Updated, or Replaced?

Heating system been Maintained, Updated, or Replaced?

LOSS HISTORY IN PAST FIVE YEARS

Date of Loss	Line of Business	Amount Paid	Amount Reserved	Open/Closed	Description of loss

UNDERWRITING ELIGIBILITY – ALL CLASSIFICATIONS

Are functioning and operational fire extinguishers readily available? YES NO

Are wood-burning stoves, space heaters or temporary heating devices used as the primary heat sources?

Has any policy or coverage been declined, cancelled or non-renewed during the prior three (3) years for any premises or operations?

*If marked yes, please provide details _____



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	YES	NO
Does the applicant own or operate any other businesses? *If marked yes, please provide details _____ *If marked yes, does the business have coverage placed elsewhere?	<input type="checkbox"/>	<input type="checkbox"/>
Has the applicant, a majority owner, partner or member filed bankruptcy in the past five years?	<input type="checkbox"/>	<input type="checkbox"/>
Does the applicant have non-profit tax exempt status or is the applicant operating as a non-profit?	<input type="checkbox"/>	<input type="checkbox"/>
Is any location, currently or in future, under construction or renovation?	<input type="checkbox"/>	<input type="checkbox"/>
Does the church lease any apartments/dwellings at this location to anyone other than clergy?	<input type="checkbox"/>	<input type="checkbox"/>
Is any location a mobile home?	<input type="checkbox"/>	<input type="checkbox"/>
Does the total square footage used for church services exceed 30,000?	<input type="checkbox"/>	<input type="checkbox"/>
Are there over 1,000 active church members?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
Does the church sponsor or participate in any events involving the following: camping, water hazards (swimming pool, water parks, on-water fishing trips, etc.), overnight retreats or overnight mission trips fireworks, firearms, hunting? *If marked yes, please provide details _____	<input type="checkbox"/>	<input type="checkbox"/>
Does the church operate a soup kitchen, full-time day care, thrift store, shelter, school (kindergarten or higher), cemetery or other secondary operation? *If marked yes, please provide details _____	<input type="checkbox"/>	<input type="checkbox"/>

PASTORAL COUNSELING

Limit Desired:

\$100,000/\$100,000 250,000/\$250,000 \$500,000/\$500,000 \$1,000,000/\$1,000,000

	YES	NO
Are fees charged for counseling services?	<input type="checkbox"/>	<input type="checkbox"/>
Have there been any prior allegations, claims or suits as a result of counseling services?	<input type="checkbox"/>	<input type="checkbox"/>
Are procedures in place to protect the confidentiality of church members?	<input type="checkbox"/>	<input type="checkbox"/>
Has the applicant had a professional liability claim or is the applicant currently aware of a circumstance that may lead to a professional liability claim?	<input type="checkbox"/>	<input type="checkbox"/>



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HIRED & NON-OWNED AUTO

- | | YES | NO |
|---|--------------------------|--------------------------|
| Does the applicant offer delivery service? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the applicant own any vehicles? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do any employees or owners use personal car for business more than 12 times per year? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the church own, rent, lease, or borrow vans or buses that can transport 15 or more people? | <input type="checkbox"/> | <input type="checkbox"/> |

MOLESTATION OR ABUSE COVERAGE

Limit Desired:

- | | | |
|--|--|--|
| <input type="checkbox"/> \$25,000/\$50,000 | <input type="checkbox"/> 50,000/\$100,000 | <input type="checkbox"/> \$100,000/\$300,000 |
| <input type="checkbox"/> \$500,000/\$1,000,000 | <input type="checkbox"/> \$1,000,000/\$2,000,000 | <input type="checkbox"/> \$5,000,000/\$1,000,000 |

Name (Please Print)

Authorized Signature

Date