



Storefront/Community Church Application – All States

YOU CAN OBTAIN A QUOTE BY PROVIDING THE INFORMATION IN SECTION I - INSTANT QUOTE BELOW, SUBJECT TO THE REMAINDER PROVIDED PRIOR TO BINDING.
Type of coverage being requested: [ ] General Liability [ ] Property [ ] Non Profit D&O

I. INSTANT QUOTE INFORMATION

Instant Quote is only available for accounts with no losses in the past 3 years. If there is loss history, please complete the entire application.

Name of Organization: \_\_\_\_\_

Location Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address:(if different) \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Web Address: \_\_\_\_\_

Description of Operations:

[Empty box for Description of Operations]

Does organization have tax exempt status by the IRS? [ ] Yes [ ] No

Property Section (complete for each building)

Construction: [ ] Frame [ ] Joisted Masonry [ ] Non-Combustible [ ] Masonry Non-Combustible
[ ] Modified Fire-Resistive [ ] Fire-Resistive [ ] Other \_\_\_\_\_

Protection Class:

Requested Cause of Loss: [ ] Basic [ ] Special

Requested Valuation: [ ] Replacement Cost [ ] Actual Cash Value

Deductible: [ ] \$1,000 [ ] \$2,500 [ ] \$5,000

Coinsurance: [ ] 80% [ ] 90% [ ] 100%

Business Personal Property Limit \$ \_\_\_\_\_

Business Income & Extra Expense Limit \$ \_\_\_\_\_

Building Owner [ ] Yes [ ] No (If No, skip a-c)

a. Building Limit \$ \_\_\_\_\_

b. What year was the building constructed? \_\_\_\_\_

c. What is the square footage of the entire structure? \_\_\_\_\_ sq. ft.

General Liability Section

GL Limit: [ ] \$100,000/\$200,000 [ ] \$300,000/\$600,000 [ ] \$500,000/\$1,000,000 [ ] \$1,000,000/\$2,000,000

Pastoral Professional Limit (not to exceed the GL limit):
[ ] \$100,000/\$100,000 [ ] \$300,000/\$300,000 [ ] \$500,000/\$500,000 [ ] \$1,000,000/\$1,000,000

Total number of church members: \_\_\_\_\_

Total square footage used for church operations: \_\_\_\_\_

Does the organization operate a school (Kindergarten or higher)? [ ] Yes [ ] No

Does the organization have a Child Care, After School Program or Day Camp operations? [ ] Yes [ ] No

If yes, total number of children: \_\_\_\_\_ (please complete our Child Care Operations Supplemental Application)

Building Owner [ ] Yes [ ] No (If No, skip a-f)

a. Total building square footage: \_\_\_\_\_

b. Is any portion of the building leased to commercial tenants? [ ] Yes [ ] No If Yes, applicable sq. ft. \_\_\_\_\_

c. Does the applicant lease any apartments at this location to others other than clergy? [ ] Yes [ ] No

d. If Yes, Number of Units \_\_\_\_\_ applicable sq. ft. \_\_\_\_\_

e. Does the applicant have any apartments or dwellings at this location used as a residential facility for clergy? [ ] Yes [ ] No

f. If Yes, Number of Units \_\_\_\_\_ applicable sq. ft. \_\_\_\_\_

Additional Interests (AI = Additional Insured, LP=Loss Payee, M=Mortgagee)

Table with 5 columns: Name, Relationship/Interest, Address, City, State, Zip, AI, LP, M

Non Profit Directors & Officers/Employment Practices Liability Section

Total Annual Revenue: \_\_\_\_\_ (If >\$2 million attach the most recent 12-month financial statement)

If less than 3 years in operation, annual revenue: this year : \_\_\_\_\_ next year: \_\_\_\_\_ 3rd year: \_\_\_\_\_

Total Fund Balance (Total Assets minus Total Liabilities): \_\_\_\_\_

Full Time Employees: \_\_\_\_\_ Part Time: \_\_\_\_\_ Temporary/Seasonal: \_\_\_\_\_ Volunteers: \_\_\_\_\_

Does the organization perform any operations located outside the U.S.? [ ] Yes [ ] No In existence since: \_\_\_\_\_

**II. LOSS INFORMATION FOR THE PAST 3 YEARS**

**Property Coverages**

None, or provide detail below.

Year	Status	Incurred	Description
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____

**General Liability Coverages**

None, or provide detail below.

Year	Status	Incurred	Description
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____

**GENERAL LIABILITY**

1. Does the organization own or operate a camp or retreat center?  Yes  No
2. Does the organization participate in outdoor camping events or events with bonfires?  Yes  No
3. Does the organization have a gymnasium or recreation center?  Yes  No
4. Does the organization have a pool on premises?  Yes  No
5. Does the organization participate, organize or sponsor any events that include fireworks, firearms, hunting, water hazards, haunted attractions, hayrides or air shows?  Yes  No
6. Does the organization provide prison ministry services?  Yes  No
7. Does the organization operate a shelter or rooming house?  Yes  No  
If yes, total square footage: \_\_\_\_\_  
(please complete our Social Services - Residential Facilities Application)
8. Does the organization own a cemetery?  Yes  No  
If yes, number of acres \_\_\_\_\_
9. Does the organization operate a soup kitchen?  Yes  No  
If yes, square footage of operations \_\_\_\_\_
10. Are all exit signs illuminated on premises?  Yes  No
11. Are there at least two accessible means of egress?  Yes  No
12. Any anticipated construction of new buildings or alterations to existing structures? (If yes, please provide details separately)  Yes  No
13. Does the organization require commercial tenants to carry general liability insurance with organization named as an additional insured?  Yes  No
14. 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
15. If there are child-sitting/nursery operations during the services, is there a sign in and sign out procedure for the children?  Yes  No

**ABUSE & MOLESTATION LIABILITY:**

16. Does the organization have a hiring process for employees and volunteer workers that includes 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
17. Does the organization require and verify prior employment and personal references on every prospective employee?  Yes  No
18. 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
19. Does the organization 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:**

20. Does the organization have more than 5 pastors/clergy on staff?  Yes  No
21. Does the organization offer counseling services for a fee?  Yes  No
22. Does the organization utilize contracted counseling providers?  Yes  No
23. Are church members referred to specialists when appropriate?  Yes  No
24. Are procedures in place to protect the confidentiality of church members?  Yes  No
25. Have there been any prior allegations, claims or suits as a result of counseling services?  Yes  No

**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:**

26. Does the organization's property have aluminum wiring (including partial) or knob and tube wiring?  Yes  No
27. Are functioning and operational fire extinguishers readily available?  Yes  No
28. Is there a commercial cooking exposure? (If Yes, answer a-c)  Yes  No
- a. If yes, is the cooking area, hood and duct system protected per NFPA 96?  Yes  No
- b. Is there a deep fat fryer on the premises?  Yes  No
- c. What type of approved NFPA 96 extinguishing system is functional and operational  Wet  Dry  NA
29. Are any buildings currently damaged by fire or otherwise?  Yes  No
30. Are any buildings partially constructed?  Yes  No
31. Is this property a seasonal operation?  Yes  No
32. Has the organization had any bankruptcies, tax or credit liens against them in the past 5 years?  Yes  No
33. Has any officer or board member of the 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:**

34. Plumbing system is completely copper or PVC?  Yes  No
35. Electrical system is less than 35 years old?  Yes  No
36. Roofing has been replaced or recoated within the past 10 years for flat; 20 years for shingle or composite; 40 years for metal; 25 years for tile; or 50 years for slate?  Yes  No

**NON PROFIT DIRECTORS & OFFICERS AND EMPLOYMENT PRACTICES LIABILITY**

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

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

42. Directors and Officers Liability Insurance carried:

Insurer	Limits of Liability	Premium	Retention	Policy Period
_____	_____	_____	_____	_____

43. Does the organization currently carry General Liability Insurance?  Yes  No
44. 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  
(If yes, please forward a completed USLI supplemental claims application.)
45. 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  
(If yes, please forward a completed USLI supplemental claims application).

**Virginia Notice:** Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

**Minnesota Notice:** The clause "and/or authorization or agreement to bind the insurance." is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium."

**Colorado Fraud Statement:** 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.

**District of Columbia Fraud Statement: 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 Fraud Statement:** You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

**Kentucky Fraud Statement:** 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 and Washington Fraud Statement:** 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.

**New Jersey Fraud Statement:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New York Fraud Statement:** 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 Fraud Statement:** 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 Fraud Statement:** 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.

**Pennsylvania Fraud Statement:** 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.

**Tennessee and Virginia Fraud Statement:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Fraud Statement (All Other States):** 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.

Applicant's Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.

Retail Agency Name: \_\_\_\_\_ License #: \_\_\_\_\_

Main Agency Phone Number: \_\_\_\_\_

Agency Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_