



Religious Institutions - Supplemental Application

GENERAL INFORMATION

Applicant Name:
Address: City/St:
Zip Year Established Years Under Present Leadership
Key Contact: Contact Tel: Contact Email:
Website: Policy Eff Date: to

Ins Agency Name: City/State:
Contact Person: Tel #: email:

ATTACH THE FOLLOWING (x)

- ACORD Applications, including Crime (2000) and Umbrella
Statement of Values if Blanket or Agreed Value on Property
Loss Runs for Current Year and 3 Prior Years
Drivers List with License # and Dates of Birth

For Profit Non-Profit

(check all that apply):

Table with 4 columns: Type of Organization, checkbox, Faith Type, checkbox. Rows include Traditional Church, Contemporary House of Worship, Synagogue, Experiential, Chabad, Temple, and Other.

- 1) Annual Operating Budget:
Prior Year 1: Gross Annual Pledges: Annual Pledges Collected: Pct Collected %
Prior Year 2: Gross Annual Pledges: Annual Pledges Collected: Pct Collected %
Prior Year 3: Gross Annual Pledges: Annual Pledges Collected: Pct Collected %
2) Total number of full time paid staff, excluding clerical/secretarial:
3) Total number of Clergy
4) Number of members:

LIFE SAFETY SECTION

Do all of your facilities (buildings) have the following Life Safety Features?
(Indicate any locations which do not have the following features.)

- 1. Fire Alarms Yes No
- 2. Smoke Detectors Yes No
 - Hard Wired? Yes No
 - Battery Operated? Yes No
- 3. Emergency Lighting Yes No
- 4. Sprinklers Yes No
- 5. Are evacuation routes posted throughout the building? Yes No

PROPERTY

- 1. Are any of the buildings converted dwellings? Yes No
If "Yes", list locations:
- 2. Were any of the buildings ever occupied as something other than the current use? Yes No
- 3. Are any of your buildings on a Historical Register? Yes No
If "Yes", please list locations:
- 4. Describe method of determining building value: Attach any documentation.

GENERAL LIABILITY SECTION

- 1. Annual Payroll:
- 2. Do you have shelters? Yes No
If "Yes", indicate location number and number of beds for each:
- 3. Is a nursery available during scheduled church activities? Yes No
Number of days per week nursery is provided:
Nursery is staffed by: Employees Volunteers
Average number of children in nursery each week:
- 4. Is a Youth Group Program offered? Yes No

Age range of Children: _____ Number in attendance each week: _____
Youth Group is run by: Lay Pastors Church Members Other Volunteers
List of Activities: _____
- 5. Have all buildings constructed prior to 1980 been inspected for lead paint?
Asbestos? Yes No
If "No", what is plan for abatement?
- 6. Please check all applicable exposures: Broadcasting Fireworks Publishing Alternative to Prison Programs
- 7. List all community services provided by your organization:
- 8. Do you own any pools? Yes No

Number of Indoor Pools:

Number of Outdoor Pools:

9. Are there any diving boards? Yes No
 Height: Are there any pool slides? Yes No
10. Do you lease any of the church's premises to members or the general public for social or athletic functions? Yes No
11. Does the lease contain an indemnification clause and hold harmless agreement in favor of the church? Yes No
12. Is the church named as an Additional Insured – Lessor on the lessee's insurance policy? Yes No
13. Do you obtain a certificate of insurance for the lessee's Commercial General Liability policy? Yes No

RETREATS & MISSION TRIPS SECTION

1. Does your organization conduct any of the following?
- | | | | |
|------------------------------|--|------------------------|-----------------------------|
| Adult Retreats | Yes <input type="checkbox"/> No <input type="checkbox"/> | If Yes, how many _____ | Avg # people per trip _____ |
| Adult Mission Trips – U.S. | Yes <input type="checkbox"/> No <input type="checkbox"/> | If Yes, how many _____ | Avg # people per trip _____ |
| Adult Mission Trip – Foreign | Yes <input type="checkbox"/> No <input type="checkbox"/> | If Yes, how many _____ | Avg # people per trip _____ |
| Youth Retreats | Yes <input type="checkbox"/> No <input type="checkbox"/> | If Yes, how many _____ | Avg # people per trip _____ |
| Youth Mission Trips – U.S. | Yes <input type="checkbox"/> No <input type="checkbox"/> | If Yes, how many _____ | Avg # people per trip _____ |
| Youth Mission Trip – Foreign | Yes <input type="checkbox"/> No <input type="checkbox"/> | If Yes, how many _____ | Avg # people per trip _____ |
2. How is transportation provided?
- | | |
|----------------------------------|------------------------|
| Third party professional company | _____ % |
| Volunteers or members | _____ % |
| Attendees own responsibility | _____ % |
| Other | _____ % Describe _____ |
3. Do any of your trips involve your non-professional volunteers or attendees:
- | | |
|-----------------------------|--|
| Working from heights? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Roofing? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Use of power tools? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Trenching? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Electrical, HVAC, Plumbing? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Animals? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
4. For youth trips, what is the ratio of youth to chaperone? _____
5. What is your policy for segregating male from female on youth trips? _____
-

SPECIAL EVENTS SECTION

Questions	Event #1	Event #2	Event #3	Event #4	Event #5
Describe/Insert letter for event type: A = Wine tasting; B = Golf outing; C = Other Sporting event; D = Picnic; E = Banquet; F = House tour; G = Bingo; H = Walkathon/Run; I = Fashion Show; J = Concert; K = Other (specify)					
Type(s) Held – insert appropriate letter					
Date(s) held?					
Daily Hours of operation					
Will any event last longer than 3 days? If so, how long?					
Total anticipated revenue					
Location held					
Estimated Attendance					
Are certificates of insurance obtained from all vendors providing products/services?					
Will alcohol be served?					
Do any sporting events involve motorized vehicles?					
Do all participants sign a waiver?					
Do participants show proof of personal health insurance?					
Does any event involve large animals? (ie: horses, livestock, etc.)					
Does any event involve wild animals?					
Does any event involve aircraft or watercraft?					

PROFESSIONAL LIABILITY

1. Does your current insurance program provide Professional Liability coverage? Yes No
 If "Yes", indicate the limit of liability:
2. Is Professional Liability: Occurrence Claims Made Retroactive Date

Position	# of Full Time	# of Part Time	Position	# of Full Time	# of Part Time
Administrators			Clerical		
Clergy			Teachers		
Counselors			Camp Counselors		
Nurses			Other		
Volunteers					

3. What type of counseling is performed by the insured's clergy?
 Alcohol Marriage Religious Drugs Pregnancy Other
4. If counseling services are offered, how much formal training have the clergy received in this area?
5. Have all clergy completed their degree at an accredited theological seminary? Yes No
6. Do you verify license, education and other credentials for all counselors? Yes No
7. Are clients referred to specialists when appropriate? Yes No
8. Are there any Professional Liability claims now pending against the church? Yes No
 If "Yes", please describe:
9. Is the church or clergy aware of any act, error, omission, fact, circumstance or situation that might afford valid grounds for a future claim, suit, or action under Professional Liability? Yes No
 If "Yes", please describe:
10. Do you use contracted counseling providers? Yes No
11. Do you have written contracts with contracted counselors? Yes No
12. Are certificates of malpractice liability insurance obtained and maintained for all contracted counseling and health care providers? Yes No
 If "Yes", indicate the limits of liability:
13. Is the staff required to report all incidences that may result in a claim? Yes No
 If "Yes", is a written record kept? Yes No
14. Are procedures in place to protect confidentiality of clients? Yes No

ABUSE AND MOLESTATION

- 1 Does your employment/volunteer application include questions about whether the individual has ever been convicted for any felony, including sex-related and/or child abuse related offenses? Yes No
- 2 Do you conduct criminal background and reference checks for all employees/volunteers? If "No", please explain: Yes No
3. Is there a new employee and volunteer orientation program that includes training in abuse awareness? Yes No
- 4 Does your organization have a formal written policy that includes procedures designed to prevent acts of sexual misconduct and are copies distributed to all employees and volunteers? Yes No
- 5 Do you require that no minor is ever alone with only one adult in any church-sponsored activity except in a counseling situation? Yes No
- 6 Describe any closed door counseling provided to individual clients:
- 7 Are parents encouraged to visit the premises unannounced and observe children's activities? Yes No
- 8 Are any minors in your care overnight? Yes No
- 9 Have any of your past or present ministers, employees, or volunteers every been accused charged, convicted, had a claim for damages submitted against, or sued in civil court for any type of sexual misconduct? Yes No
If "Yes", identify the person and submit a detailed written account.
10. Has your organization ever had an incident which resulted in an allegation of sexual abuse? Yes No
If "Yes", please describe:
- a. Was a claim made against the organization? Yes No
If "Yes", please describe:
- b. Was a claim made against any employee(s)? Yes No
If "Yes", please describe:
- c. Was the case settled? Yes No
If "Yes", please explain:
11. Does your current insurance program provide Abuse and Molestation coverage: Yes No
12. Indicate current Abuse and Molestation limit of liability:
Is coverage provided by: Occurrence Claims Made If claims made, retroactive date:

Attach a copy of your abuse procedure guidelines.

CAMPS

1. Total number of days in operation annually:
 2. Number of children at each camp:
 3. Day Camp Yes No
 4. Overnight Camp Yes No
If "Yes", what is the average length of stay?
 5. Is written permission / waiver of liability obtained from every child's parent or guardian? Yes No
 6. Does the insured carry an Accident and Health Policy? Yes No
 7. What is the number of staff members at each camp?
 8. Number of volunteers:
 9. Are sleeping quarters co-ed? Yes No
 10. Is the staff trained and certified in CPR? Yes No
 11. Are restrooms / showers co-ed? Yes No
 12. Indicate and describe if any of the following exposures exist in the camp operations:
- | | | | |
|-----------------|-----------------|---------------|--|
| Diving Boards | Jet Skis | Pools | Tobogganing |
| Downhill Skiing | Lakes | Rock Climbing | Trampolines |
| Guns | Martial Arts | Rope Courses | Water Skiing |
| Horses | Motor Boats | Skateboarding | Water Tubing |
| Ice Hockey | Obstacle Course | Snowmobiling | Water Skiing |
| | | Snow Tubing | White Water Rafting /
Grade of Rapids |

DAY CARE

1. Is the daycare center licensed? Yes No
2. How many children is the daycare licensed for?
3. Has a license to operate ever been denied, suspended, or revoked? Yes No
If "Yes", attach a separate full explanation.
4. Have you ever been brought up for a compliance hearing? Yes No
If "Yes", explain thorough on a separate document.
5. Does your center exit directly to the outside? Yes No
To ground level? Yes No
6. Do the bathroom doors lock? Yes No
Can they be unlocked from the outside? Yes No
7. How often are evacuation drills performed?
8. Please describe your child release procedures:
9. Have you ever received any citations or warnings issued by any state or government entity? Yes No
Explain:

STAFF AND CHILDREN: (Ratios of staff-to-children must be at least the state required ratio)

10. Based on the **maximum number** of children enrolled on your busiest day OR busiest Session, enter the number of staff and children in each of the following age groups. (Do not duplicate pre and after school children if they stay all day.)

<u>CHILD AGE GROUP</u>	<u>NUMBER OF CARE PROVIDERS</u>	<u>NUMBER OF CHILDREN</u>
Less than 18 Months		
18 – 30 Months		
30 Months – 4 Years		
Above 4 Years		
Before School Program		
After School Program		

11. Is anyone on staff under 18 years old? Yes No
(Indicate specific duties for each on a separate document.)
12. Is a minimum of one staff member certified in First Aid present at all times? Yes No

HEALTH:

13. Do you provide **sick child, drop-in, latch-key, boarding or camp** services? Yes No
 If "Yes", please explain:
14. How many children require special care and treatment? Explain:
15. Indicate if a file containing the following information is maintained on each child:
- a. Immunization records of the children being immunized successfully and updated annually? Yes No
- b. Signed releases for emergency medical treatment / dispensing of medication obtained from parents? Yes No
- c. Written instructions from child's physician for dispensing of child's medication? Yes No
16. Do you have an accident/health policy? Yes No
 Is coverage mandatory for all children? Yes No
 Provide Carrier: Limits: Policy Term:

SWIMMING:

17. Do you now use or plan, in the future, to use swimming facilities? Yes No
18. Is the pool: owned/operated by the insured, operated by other than the insured?
 or
 Is a minimum of one staff member certified in CPR present at swimming areas? Yes No
Answer the following questions for the pool to be used:
19. Are water depths marked? Yes No
20. Are lifeguards present? Yes No
21. Is the pool completely fenced? Yes No
22. Ratio of staff to child when at pools?
23. Is there a diving board? Yes No
24. Is there a self-locking gate? Yes No
25. Is there a slide into the pool? Yes No

26. Minimum age of children allowed in the water:

PLAY AREAS: *If you own or have access to a playground area, complete the following questions:*

27. Is the area fenced? Yes No
28. Is the equipment checked for safety? Yes No
29. Are any trampolines present? Yes No
30. Describe playground surface:

FIELD TRIPS AND OFF PREMISES TRAVEL:

31. Do you offer field trips Yes No
32. If "Yes", answer the following:
Describe field trips:
What is the adult/child ratio on trips?

SPECIAL ACTIVITIES:

33. Are any pets or **animals** kept on premises? Yes No
Describe animals, caging and type of interaction:
34. Are **special classes** provided (gymnastics, dance, karate, tumbling, horseback riding, etc.)? Yes No
If "Yes", please explain:
35. Are special classes taught by an independent contractor on your premises? Yes No
36. Do you request/maintain Certificates of Insurance from all sub-contractors? Yes No

AUTOMOBILE:

37. Is a walk-around vehicle checklist used prior to transporting children? Yes No
38. Is there a child head-count before and after any trip? Yes No

SCHOOLS

1. Total number of students enrolled: Day Evening

GENERAL LIABILITY:

2. Are pools used for summer programs, i.e. camps? Yes No
If "Yes", complete camp supplemental application.
3. What type of security is provided for the protection of the residents?
4. Are there science laboratories? Yes No
5. Does the school offer any special vocational or trade programs? Yes No
6. What sports programs do you offer?
7. Does the school hold any events that charge a fee? Yes No
If "Yes", describe:

8. Does the school lease the facility to the general public? Yes No
If "Yes", describe:

AUTOMOBILE:

9. Is there a driver training program for students? Yes No
10 Under what circumstances, if any, are students allowed to drive automobiles?
.

CORPORAL PUNISHMENT:

- 11 Does your school permit corporal punishment? Yes No
.
12 Is there a written policy concerning the use of corporal punishment? Yes No
.
13 Have there ever been any claims for corporal punishment? Yes No
.
14 Does your state permit corporal punishment? Yes No
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ADOPTION AND FOSTER CARE

GENERAL QUESTIONS:

1. Total number of children placed annually: Adoption Foster Care
2. Does insured place special needs children? Yes No
(Explain conditions:)
If special needs, do the parents have specific training? Yes No
(Explain:)
3. Number of years insured has operated: Adoption Program Foster Care Program
4. How many has insured placed since inception of their program: Adoption Foster Care
5. How are the applicants screened (for example, are criminal background checks completed)?
6. Is full disclosure of child's history made to parents prior to placement? Yes No
7. Does insured choose the parents and conduct placements, or do they refer to a state agency?

ADOPTION: (not required if referral agency only)

1. How are the adoptive family applicants evaluated (explain)?
2. Are home studies conducted? Yes No
3. What are credentials of the staff?
4. Are children given thorough medical examinations that include prior conditions before they

- are placed? Yes No
5. Are children given to adoptive parents upon release from hospital? Yes No
6. Are they placed in a foster home temporarily? Yes No
7. Is there a time lapse for the mother to change her mind (each state may have a different time period)? Yes No
8. Number of adoptions per year for: Special Needs Infant (< 2 years)
9. Are adoptions open or closed?
10. Are foreign adoptions conducted? Yes No
 How many? From what countries?
11. What are the rights of the child's biological grandparents?
12. What are the rights of the child's birth parents?
13. Is counseling provided for the birth parents after placements? Yes No

FOSTER CARE: (not required if referral agency only)

1. How many foster care homes has the insured placed children in? Past Year Ever
2. Total number of case workers:
3. How many homes is the case manager responsible for?
4. Are case managers credentialed? Yes No
5. Is agency required to conduct follow-up visits after placement has been made? Yes No
6. Are these visits unannounced? Yes No
7. How often do they occur?
8. Are audit procedures in place to ensure home visits are being conducted? Yes No
9. What are the procedures for observed abuse?
10. Do the foster parents receive special counseling after placement? Yes No

INLAND MARINE

1. Any buildings with stained glass? Yes No
 If "Yes", value of stained glass:
2. Attach a description and value of any religious artifacts or artwork (including stained glass) located inside or outside of premises. Include any appraisals (required if >\$5000 per item).
3. Is there an organ or other musical instrument? Yes No
 Description and value:

CRIME

1. Does insured have poor boxes on premises? Yes No
If "Yes", how often are they emptied?
2. Are there any seasonal needs for increased money and securities limits? Yes No
Dates: _____ Limit needed: _____

AUTOMOBILE SECTION

1. Do you require employees and volunteers to carry and show evidence of personal insurance? Yes No
2. Describe use of non-company vehicles.
3. Do you provide transportation services? Yes No
4. If "Yes", do you obtain MVRs on your drivers? Yes No
5. Are vehicles checked after passengers disembark to make sure no one is left behind? Yes No
6. Are all drivers at least 21 years of age? Yes No
7. Is training provided for new employees prior to their transporting people? Yes No
8. What is the procedure for dealing with driver accident or violations?
9. Do you have written and strictly enforced guidelines, mandating all passengers are secured in their seat belts? Yes No
10. Are any of your vehicles ever leased or loaned to others? Yes No
11. Do you ever rent or borrow any vehicles from others? Yes No
12. Does insured order/receive/approve MVRs prior to employee driving? Yes No
13. Does the insured maintain driver's record files? _____
Does it include: date of hire _____ dates of training _____ Drug tests _____
MVR and date ordered and received _____ Reference Checks _____
Disciplinary actions _____
14. Do you furnish anyone with an auto? _____ Yes No
14. a. If yes, are relatives ever allowed to operate an organization's vehicle? Yes No
15. Do you **recommend** that employees and volunteers carry a **minimum limit** of liability of at least state minimum or \$? _____ Yes No
15. a. Do you verify (with a photocopy of the policy or other)? Yes No
16. Is there a vehicle maintenance program? _____ Yes No
If yes:
16. a. Is worked performed by employees _____ outside mechanic _____
17. Are any vehicles modified with lifts, ramps, or doors? _____ Yes No
If yes:
17. a. How many mobility assistance/wheelchair vans are used?
17. b. How many wheelchair clients do you transport?
18. How do you assure that drivers are medically and physically capable of performing all job duties including driving, passenger assistance (if applicable), wheelchair handling (if applicable), etc.? Yes No

SECURITY

1. Does insured have any armed security? Yes No
If "Yes", are they employed or contracted?
2. Are certificates of insurance obtained? Yes No
3. What limits of liability are required?
4. How often is armed security used on premises?

PRODUCER'S NARRATIVE:

Producer

(Signature)

(Printed)

The Applicant warrants that all answers to the questions on this application are true and correct. Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading information concerning any fact thereto, commits a fraudulent insurance act, which is a crime.

Applicant

(Signature)

(Printed)