



Storefront/Community Church + Child Care Commercial Application

- Package
Liability Only
Property Only

Date:

Agency Name:

SIU Producer # :

Company Name: Effective Date:

DBA:

Business Phone: Cell: Contact:

E-Mail Address: Fax:

Mailing Address:

City: State: Zip: County:

Location Address:

City: State: Zip:

Insured is: Corporation Partnership Individual Other:

Is the building? Owned Leased If owned, what % is occupied by the owner:

No. of Years in Business: Years Experience in this Industry:

Bankruptcy or Foreclosures over the past 5 years: Yes No

Total Annual Gross Receipts/Sales: \$ Total Number of Employees:

Federal ID Number:

Number of Owners: Total Employee Payroll \$

Complete Description of Operations / **Include any new services being provided**
IMPORTANT to list all services provided so the proper classes are listed on policy

Property Section

Construction: Frame Joisted Masonry Non-Combust Masonry MNC

Year Built: Total Square Foot Area: No. of Stories:

Year Wiring Updated/installed: Year Plumbing Updated/installed:

Year Heating Updated/installed: Year Roof Updated/installed:

Sprinkler system throughout entire structure? Yes No Fire Extinguisher on Premises: Yes No

Less than 1,000 Feet to Pressurized Hydrant Yes No Protection Class:

Burglar Alarm Type: Local Central Direct % of Building vacant:

Fire Alarm Type: Local Central Direct Hardwire Battery

Liability Limits (per Occurrence)

Each Occurrence \$

General Aggregate (other than Products/Completed Operations) \$

Products & Completed Operations Aggregate \$

Personal & Advertising Injury (Any one person or organization) \$

Damage to Premises Rented to You (Any one Premises) \$

Medical Expense (Any One Person) \$

Umbrella policy needed? Yes No If yes, give Limit \$

Property Limits/Coverage

Coverage	Coinsurance	Deductible	Cause of Loss	Valuation	Limits
Building:	_____ %	\$ _____	<input type="checkbox"/> Basic	<input type="checkbox"/> ACV	\$ _____
BPP:	_____ %	\$ _____	<input type="checkbox"/> Broad	<input type="checkbox"/> R C	\$ _____
BI:	_____ %	\$ _____	<input type="checkbox"/> Special	<input type="checkbox"/> Market	\$ _____

Sign: (Describe) _____ \$ _____

Crime Coverage: Emp Dishonesty \$ _____ Money & Securities \$ _____ Ded \$ _____

Equipment Breakdown Coverage Desired? Yes No

Loss History

Any Property and or Liability Losses: Yes No If yes, give details below.

Date of Loss: _____ Cause of Loss: _____ Amount Paid: _____

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Date of Loss: _____ Cause of Loss: _____ Amount Paid: _____

Auto Coverage

Do you need Hired/Non-Owned Commercial Auto Liability Coverage? Yes No Limit: _____

Annual Cost of Hire: _____ No. of Drivers: _____ Delivery Provided? Yes No

Owned Autos

Liability Coverage? Yes No Physical Damage Coverage? Yes No

<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>VIN #</u>	<u>Value</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Drivers Name</u>	<u>Date of Birth</u>	<u>Drivers License Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Equipment and Tools (additional equipment submit on schedule)

<u>Description</u>	<u>Serial Number</u>	<u>Value \$</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<u>Mortgagee</u>	<u>Additional Insured</u>
_____	_____
_____	_____
_____	_____

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

Applicant Signature: _____ Date: _____

Agent Signature: _____ Date: _____



Storefront/Community Church Application

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:

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

Coinurance: 80% 90% 100%

Business personal property limit \$ _____

Business income and 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 childcare, 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)

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 three 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 THREE 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
16. Does the organization have functioning and operational smoke and/or heat detectors in all public areas and units? Yes No

ABUSE AND MOLESTATION LIABILITY:

17. 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
18. Does the organization require and verify prior employment and personal references on every prospective employee? Yes No
19. 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
20. 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:

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

HIRED AND NON-OWNED AUTO: Check if coverage is desired and answer questions a through c

Note: If Hired/Non-owned 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:

27. Does the organization's property have aluminum wiring (including partial) or knob and tube wiring? Yes No
28. Are functioning and operational fire extinguishers readily available? Yes No
29. Is there a commercial cooking exposure? (If "Yes," answer a-c) Yes No
- a. 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
30. Are any buildings currently damaged by fire or otherwise? Yes No
31. Are any buildings partially constructed? Yes No
32. Is this property a seasonal operation? Yes No
33. Has the organization had any bankruptcies, tax or credit liens against them in the past five years? Yes No
34. Has any officer or board member of the organization been previously convicted of the felony of arson? Yes No
35. Is 100% of the electrical wiring on functioning and operational circuit breakers? Yes No

Complete the following questions only if special cause of loss is requested for the building:

36. Plumbing system is completely copper or PVC? Yes No
37. Electrical system is less than 35 years old? Yes No
38. 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 AND OFFICERS AND EMPLOYMENT PRACTICES LIABILITY

39. Does the organization engage in any disciplinary actions as a result of peer review activities? Yes No
40. Does the organization administer or sponsor any insurance programs? Yes No
41. Is the organization involved in any accreditation or standard setting activities? Yes No
42. Does the applicant have any subsidiaries requiring coverage? Yes No

If "Yes," please complete the Non Profit Subsidiary Addendum (NPSADD).

43. Name and title of individual designated to receive all notices on behalf of the insured: _____
 Title _____ Phone number: _____

44. Directors and officers liability Insurance carried:

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

45. Does the organization currently carry general liability insurance? Yes No
46. Within the last five 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.)
47. 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: _____



Child Care Addendum to Storefront/Community Church

CHILD CARE OPERATIONS:

Check all Child Care services that apply and answer questions a through q:

Child Care After School Program Day Camp

a. Are you: Licensed Registered Certified Exempt (explain) _____

b. Has your license, registration or certification ever been revoked or suspended? Yes No

c. Hours of operation: _____ Number of Days open per week: _____

d. Enter the MAXIMUM number of children on the premises, in "each age group" on the highest attendance date within the past 12 months:

of children 0-3 years: _____ # of staff members on duty: _____

of children 4-6 years: _____ # of staff members on duty: _____

of children over 6 years: _____ # of staff members on duty: _____

Total # of children: _____ Total # of staff members: _____

e. Licensed Capacity: _____ Please enter highest average daily attendance _____

f. Do you comply with the state's staff to child ratio at all times? Yes No

g. Do you accept physically, medically or mentally challenged children or children with special needs? Yes No

If yes, describe conditions: _____

h. Do you have any outstanding violations cited in an inspection that have not been corrected within the deadline for compliance? Yes No

i. Is there an outside play area? Yes No

If yes, is it completely fenced? Yes No

j. Is there a pool, jacuzzi or spa on the premises? Yes No

If yes, is it covered or locked from access by children? Yes No

k. Are there trips taken to lakes, beaches, water parks or swimming pools? Yes No

l. Are permission slips signed by parent/guardian for all trips off premises? Yes No

m. Any trampolines, gymnastic equipment, moonwalk/bounce equipment, wall climbing, or ball pits? Yes No

n. Any martial arts, gymnastics or contact sports? Yes No

o. Are over the counter drugs dispensed with parents written authorization stating dosage and times within a written log? Yes No

p. Are criminal background check investigations conducted on all employees or volunteers? Yes No

q. Are employees under the age of 18 and all volunteers supervised at all times? Yes No

Applicant's Signature: _____ Date: _____