



## Storefront/Community Church Supplemental Application

Submit supplemental application along with a completed ACORD application

Please fill out the General Information section, along with the section(s) you are requesting coverage.

Type of coverage being requested:  General Liability  Property  Non Profit D&O

### GENERAL INFORMATION:

1. Name of Organization: \_\_\_\_\_
2. Location Address: \_\_\_\_\_
3. Mailing Address: \_\_\_\_\_ --+
4. Website Address: \_\_\_\_\_
5. Does this organization have a tax exempt status as defined by the I.R.S.?  Yes  No
6. Does the organization have functioning and operational smoke and/or heat detectors in all public areas and units?  Yes  No
7. Has the organization been cancelled or non-renewed for of insurance in the past 3 years?  Yes  No  
(If yes, please provide details separately)

### RATING INFORMATION:

8. Total # of buildings: \_\_\_\_\_ Total sq ft per building: Building 1: \_\_\_\_\_ Building 2: \_\_\_\_\_ Building 3: \_\_\_\_\_  
Total sq ft being used for church operations per building: Building 1: \_\_\_\_\_ Building 2: \_\_\_\_\_ Building 3: \_\_\_\_\_
9. Building Interest:  Owner  Tenant
10. For property coverage, provide limits: Building 1: \_\_\_\_\_ Building 2: \_\_\_\_\_ Building 3: \_\_\_\_\_  
Contents 1: \_\_\_\_\_ Contents 2: \_\_\_\_\_ Contents 3: \_\_\_\_\_
11. Does the organization have any residential facilities for clergy only?  Yes  No  
If yes, please provide square footage: \_\_\_\_\_ (sq ft)
12. Does the organization lease space to others?  Yes  No  
If yes, Apartments \_\_\_\_\_ (# of units), Mercantile \_\_\_\_\_ (sq ft), Other \_\_\_\_\_  
Description of mercantile operations \_\_\_\_\_
13. Total number of members \_\_\_\_\_
14. Total number of employees: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Volunteers \_\_\_\_\_ Seasonal \_\_\_\_\_
15. Annual revenue: \_\_\_\_\_ Fund Balance (Total assets minus total liabilities): \_\_\_\_\_

### GENERAL LIABILITY:

16. Check all services that apply and provide details for each:  
 School  Youth/Recreation Center  Overnight Camp  Missionary Trips  Adult Daycare  
 Soup Kitchen  Pool  Medical Ministry  Job Training  Shelter Operation  
 Fair  Rooming House  Cemetery  Other \_\_\_\_\_  
 Details of Checked items: \_\_\_\_\_
17. Are all exit signs illuminated on premises?  Yes  No
18. Are there two or more means of egress?  Yes  No
19. Any anticipated construction of new buildings or alterations to existing structures?  
(If yes, please provide details separately)  Yes  No
20. Does organization require commercial tenants to carry general liability insurance with organization named as an additional insured?  Yes  No
21. Has the organization or any of its past or present directors, officers, trustees, committee members, employees, volunteers or others acting on behalf of the organization ever been accused of or been involved in a lawsuit, claim or criminal charge involving sexual abuse, sexual misconduct or sexual molestation?  Yes  No

22. Are there child-sitting/nursery operations during the services?  Yes  No  
 a. If yes, is there a sign in and sign out procedure for the children?  Yes  No
23. Does the organization have a Child Care, After School Program or Day Camp operations?  Yes  No  
 (If yes, please complete our Child Care Addendum to Storefront/Community Church)

**ABUSE & MOLESTATION LIABILITY:**

24. Does your hiring process for employees and volunteer workers include 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
25. Do you require and verify prior employment and personal references on every prospective employee?  Yes  No
26. 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
27. Do you 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:**

Check Limit Option that applies (can not exceed GL Limit):

- 100,000  300,000  500,000  1,000,000

28. Does the organization have more than 5 pastors/clergy on staff?  Yes  No
29. Does the organization offer counseling services for a fee?  Yes  No
30. Does the organization utilize contracted counseling providers?  Yes  No
31. Are members referred to specialists when appropriate?  Yes  No
32. Are procedures in place to protect the confidentiality of members?  Yes  No
33. Have there been any prior allegations, claims or suits as a result of counseling services?  Yes  No
34. **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**

35. Does the organization's buildings have aluminum wiring (including partial) or knob and tube wiring?  Yes  No
36. Is 100% of the electrical wiring on functioning and operational circuit breakers?  Yes  No
37. Are any buildings currently damaged by fire or otherwise?  Yes  No
38. Are any buildings partially constructed?  Yes  No
39. Is this property a seasonal operation?  Yes  No
40. Has the organization had any bankruptcies, tax or credit liens against them in the past 5 years?  Yes  No
41. Has any officer or board member of 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:	True	False
Plumbing system is completely copper or PVC.	<input type="checkbox"/>	<input type="checkbox"/>
Electrical System is less than 35 years old.	<input type="checkbox"/>	<input type="checkbox"/>
Roofing has been replaced or recoated with the past 10 years for flat; 20 years for single or composite; 40 years for metal; 25 years for tile; or 50 years for slate.	<input type="checkbox"/>	<input type="checkbox"/>

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

- 42. Does the Organization engage in any disciplinary actions as a result of peer review activities?  Yes  No
- 43. Does the Organization administer or sponsor any insurance programs?  Yes  No
- 44. Is the Organization involved in any accreditation or standard setting activities?  Yes  No
- 45. Does the Applicant have any Subsidiaries requiring coverage?  Yes  No

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

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

47. Directors and Officers Liability Insurance carried:

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

- 48. Does the organization currently carry General Liability Insurance?  Yes  No
- 49. 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.)
- 50. 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:** You have an option to purchase a separate Limit of Liability for the extension period, policy common conditions I. If you do not elect this option, the Limit of Liability for the extension period shall be part of and not in addition to the limit specified in the declarations. 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:** 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.

**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 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.

**New York Disclosure Notice:** This policy is written on a claims made basis and shall provide no coverage for claims arising out of incidents, occurrences or alleged wrongful acts that took place prior to the retroactive date, if any, stated on the declarations. This policy shall cover only those claims made against an insured while the policy remains in effect and all coverage under the policy ceases upon termination of the policy except for the automatic extended reporting period coverage unless the insured purchases additional extend reporting period coverage. The policy includes an automatic 60 day extended claims reporting period following the termination of this policy. The Insured may purchase for an additional premium an additional extended reporting period of 12 months, 24 months or 36 months following the termination of this policy. Potential coverage gaps may arise upon the expiration for this extended reporting period. During the first several years of a claims-made relationship, claims-made rates are comparatively lower than occurrence rates. The insured can expect substantial annual premium increases independent overall rate increases until the claims-made relationship has matured.

Applicant's Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
(President, Chairperson, Executive Director or Pastor)

If the primary address of the location listed in item #1 is in the state of **New York, Iowa, or Florida**, the states of **New York, Iowa and Florida** require that we have the name and address of your (insured's) authorized Agent or Broker.

Name of authorized Agent or Broker \_\_\_\_\_

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

Agent or Broker License number \_\_\_\_\_

Mail complete application through local Agent or Broker to: \_\_\_\_\_

\_\_\_\_\_