

AMIS/Alliance Marketing & Insurance Services

P.O. Box 567 i San Marcos, CA 92079 i (800) 843-8550 i Fax (760) 471-9378
CA Insurance Licenses: 0732784 & 0E22579

CHURCH APPLICATION

Common Policy Information

First Name MI Last Name

D.B.A.

Mailing Address

Street Address

City State Zip Code

City State Zip Code

Business Telephone

Fax No.

E-mail Address

Business Type (select one):

Individual

Corporation

Partnership

Joint Venture

Unincorporated Association

Insured is a for-profit organization

Other (Specify):

Fed. I.D. No.

Number of Members:

Specific Denomination

Primary Operation:

House of Worship

Office

Headquarters

Day Care

Camp

Other:

Enter all claims from the past three years and attach loss runs from previous carrier:

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claims Status
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Prior Carrier Information:

Name of Insurance Carrier

Policy Number

Coverage

Period

General Church Information

Number of Clergy:

Total number of full time paid staff, excluding
clerical/secretarial:

Are any dwellings owned by the church? Yes No **If yes, is housing provided for clergy only?** Yes No

Is church premises locked when not in use? Yes No

Is church equipped with any type of burglar alarm system? Yes No

If yes, describe:

Does any building have either stained glass, statuary or other fine arts affixed to the building? Yes

If yes, attach a schedule of fine arts with values for each item.

No

General Church Information (cont.)

Does your church offer Bingo regularly? Yes No **If yes, how many people attend annually?**

Does your church have a licensed school? Yes No

Does your church offer childcare (other than during services)? Yes No

Is your church kitchen equipped with commercial cooking equipment? Yes No

Does your church offer youth group activities? Yes **If yes, attach a list of activities scheduled for the year.**
No

Does your church publish printed or recorded material for public distribution or sale? Yes No

Does your church sell books, tapes, CDs or other commercial material?

If yes, what are the annual gross sales:

Is Pastoral Professional Liability coverage desired? Yes No

Special Events

Does your church sponsor any special events, other than functions restricted to church members only? Yes **If no, skip to the next section of questions.**
No

Provide the following information on all "**small events**". This includes events open to the public with less than 300 attendees. Typical events may include golf tournaments and dinners. Do not include regularly scheduled meetings. If additional space is needed, attach additional information.

Type of Event:	Date/Time Scheduled:	Annual Event?	Estimated Attendance	Estimated Receipts from Admission	Food/Drink Receipts Excluding Liquor	Liquor Receipts
		Yes No				
		Yes No				
		Yes No				

Indicate any of the following types of events that you sponsor or participate in.

None of the following apply

Event with:

Aircraft (motorized or not)

Animals

Athletic participation (e.g., rope courses, climbing walls, marathons, etc.)

Estimated attendance greater than 300 people

Use of motorized vehicles-licensed or unlicensed

Haunted House

Fireworks Sales or Fireworks Show

Mechanical or non-mechanical entertainment devices (e.g., inflatable bouncers or slides)

Parade-participation or sponsorship

Abuse Coverage

Is abuse coverage desired? Yes No **If no, skip to the next section of questions.**

Occurrence/Aggregate Limit:

* Higher limits are non-binding and subject to Home Office approval.

As respects abuse,

Have any claims ever been filed or allegations ever been made against your organization or anyone working on behalf of your organization alleging abuse? Yes No

Are you aware of any occurrences that could lead to a claim? Yes No

If yes to above, explain:

Describe any operational procedures you use to control the potential for abuse:

Provide the following :	Employees	Volunteers
a. Total number with client contact?		
b. Is unsupervised contact allowed with clients?	Yes No	Yes No
c. Education verified?	Yes No	Yes No
d. Personal references checked?	Yes No	Yes No
e. Written application required?	Yes No	Yes No
f. State 10-digit fingerprint criminal record check?	Yes No	Yes No
g. Federal 10-digit fingerprint criminal record check if in state less than 5 years?	Yes No	Yes No
h. Federal 10-digit fingerprint criminal record check regardless of time in state?	Yes No	Yes No
i. Are all controls indicated in e-h required prior to any client contact?	Yes No	Yes No
j. How long are records kept documenting all screening activities outlined above?	years	years

Explain any "no" responses to a-j:

Sexual Misconduct Liability

If coverage is desired, the supplemental sexual misconduct questionnaire must be completed and signed, otherwise the policy will be issued without sexual misconduct coverage.

Do you have a written employment policy which includes background and reference checks for employee or volunteer applicants and guidelines for training, supervision and discipline of employees and volunteers? Yes No If "yes," submit a copy

Do you have a written risk management program which applies to liability exposures, including sexual misconduct? Yes No If "yes," submit a copy

Do you have a written response program in the event that a sexual misconduct event occurs?
 Yes No If "yes," submit a copy

Would you be willing to implement employee screening, risk management and claims response programs if appropriate materials are available? Yes No

Have you or any of your representatives ever submitted a claim for sexual misconduct liability to any insurer? If "yes," submit a detailed written explanation of the event. Yes No

Have any of your past or present ministers, employees or volunteers ever been accused, charged, convicted, had a claim for damages submitted against, or sued in civil court for any type of sexual misconduct? If "yes," submit a detailed written explanation. Yes No

Have you or any of your representatives ever received a complaint alleging sexual misconduct against any of your ministers, employees or volunteers, even if no claim was ever submitted? If "yes," submit a detailed written explanation. Yes No

Have you or any of your representatives ever received a report, or investigated any event, of alleged sexual misconduct against any of your ministers, employees or volunteers, even if no complaint or claim was submitted? If "yes," submit a detailed written explanation. Yes No

Do you or any of your representatives have any investigations or inquiry pending at the time of this application, or knowledge of any information which may lead to an investigation or inquiry, regarding an event or occurrence of sexual misconduct involving you, or your officers, directors, trustees, elders, ministers, employees or volunteers? If "yes," submit a detailed written account. Yes No

This application acknowledges that the foregoing disclosures are deemed to be material, and that *AMIS* is relying upon the occurrences and completeness of said disclosures and representations in reaching a decision to issue sexual misconduct liability coverage to the applicant. This supplemental application imposes an affirmative duty to make full and fair disclosures upon the applicant. The insured is obligated to report any changes in any of the foregoing responses to the company

Month Date Year

Signature of authorized representative

Title

Commercial Property Coverage

Deductible:

Cause of Loss

Theft

Mortgagee (if more than one, attach a separate schedule)

Street
Address

City

State

Zip Code

Glass Coverage:

All glass including stained glass.

Option 1: All building glass except limited coverage on stained glass

Option 2: Limitation of \$250/pane, \$1,000/occurrence on all glass.

Scheduled Glass. Attach schedule.

Time Element coverages:

Business Income:

Without Extra Expense \$

Coinsurance:

Include Tuition Fees:

With Extra Expense \$

Coinsurance:

Include Tuition Fees:

Business Income Including Rental Value

Business Income Other Than Rental Value

Rental Value

Extra Expense Only \$

Equipment Breakdown

Coverage Options:

Basic Coverage

Comprehensive coverage
Without boilers

List Location(s):

With boilers (steam heat)

Inland Marine Coverage Part

Attach schedule for each coverage indicated. Show Locations, Description (model #, etc.) and Value for each item

Commercial Articles Coverage

Musical Instruments \$

Photographic Equipment \$

Fine Arts \$

Blanket Coverage for Fine Arts \$

Breakage Coverage for Fine Arts \$

Data Processing Equipment Coverage \$

Builder's Risk \$

Maintenance Equipment Coverage \$

Ministers' Business Property Coverage \$

ACV

Replacement Cost (\$3,000 minimum)

Neon & Electric Sign Coverage \$

Scheduled Property Endorsement \$

Special Form

Named Perils

Other

Applicant/Premises/Operations Information

Premises information - Include all premises you own, rent or occupy. (attach schedule if necessary):

Loc. No. Street, City County, Sate, Zip

Sq. Ft.

- 1.
- 2.
- 3.
- 4.

Buildings and Personal Property

	Loc. No. 1	Loc. No. 2	Loc. No. 3	Loc. No. 4
Building	\$	\$	\$	\$
Personal Property Coinsurance	\$	\$	\$	\$
Check and select optional coverages and provide information per building/location:				
Replacement Cost				
Actual Cash Value				
Inflation Protection				
Agreed Value				
Construction Type				
Year of Construction				
Occupancy				
County				
Miles to Fire Dept.				
Feet to Hydrant				
Inside City Limits	Yes No	Yes No	Yes No	Yes No

Building Information	Loc. No. 1	Loc. No. 2	Loc. No. 3	Loc. No. 4
Heating Type				
Electrical System				
Date of last electrical system inspection				
Date of last roof maintenance				
Age of roof				

Protection	Loc. No. 1	Loc. No. 2	Loc. No. 3	Loc. No. 4
Servicing of Extinguishers	Yes No	Yes No	Yes No	Yes No
Sprinkler System				
Automatic Extinguishing	Yes No	Yes No	Yes No	Yes No
Systems over cooking surfaces	Yes No	Yes No	Yes No	Yes No
Alarms:				
Smoke Detectors on Each Floor	Yes No	Yes No	Yes No	Yes No
Heat Detectors	Yes No	Yes No	Yes No	Yes No
Pull Alarms	Yes No	Yes No	Yes No	Yes No
Central-Detectors	Yes No	Yes No	Yes No	Yes No
Burglar Alarms	Yes No	Yes No	Yes No	Yes No
Name of Responding Company				
Building locked when not in use	Yes No	Yes No	Yes No	Yes No
Flammable chemicals are kept in locked, tamper-proof cabinets and/or storage space	Yes No	Yes No	Yes No	Yes No
Building on Historical Register	Yes No	Yes No	Yes No	Yes No

Liability Coverage Part

Limits of Insurance: Occurrence Limit Medical Expense Limit

Schedule of Exposure	Rating Basis	Loc. No. 1	Loc. No. 2	Loc. No. 3	Loc. No. 4
Buildings	Sq. Ft.				
Residence - Location	# of Units				
Day Nursery	# of Children				
School - Grades	# of Students				

There is a swimming pool
Pool is fenced and locked when not in use.
Pool depth is marked.
There are no diving boards.
There is no swimming without a lifeguard on duty.
Premises leased to others. List name/exposure and square footage used.

Certificate of Insurance is required naming Additional Insured.
Provide name, address and insurable interest

Liability Coverage Part Cont.

Indicate exposures and provide detail:

Broadcasting	Fireworks	Known asbestos/lead paint
Professional Counseling	Publishing	Trampoline/rebounding equipment
Alcohol	Other:	
Drug		
Income Producing		
Pregnancy		
Other:		

Optional Coverages:

Day Nursery Medical (For approved states only.)

School Medical (For approved states only.)

Interscholastic Athletics # of athletes

Non-Owned and Hired Automobile Liability

Corporal Punishment # of teachers # of administrators

SEND COPORAL PUNISHMENT GUIDLINES. Coverage is subject to review and approval.

Directors, Officers and Trustees Liability Coverage - Occurrence

Applicant currently carries Claims-Made Director, Officers and Trustees Liability Coverage.

If checked, Retro coverage will be added for the initial policy term.

Employment Practice Liability - Claims Made - for approved states only.

of Employees

Occurrence/Aggregate	\$ 250,000	\$500,000
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Retention \$0 unless otherwise indicated	\$5,000	\$10,000
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Employee Benefits Liability

of Employees

~ Legal Notice ~

This application does not bind YOU nor US to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING:

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.

IMPORTANT NOTICE

As a part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

Month Date Year

Signature of authorized representative

Title