



Storefront/Community Church Product

STOREFRONT/COMMUNITY CHURCH PRODUCT SUPPLEMENTAL APPLICATION

Named Insured: _____ Physical Address: _____

SECTION I. PROPERTY QUESTIONS:

1. Is all electrical wiring on circuit breakers? Yes No
2. Is there any aluminum or knob and tube wiring on the property? Yes No
3. Are there functioning smoke detectors in all common areas and mechanical rooms? Yes No
4. Are unattended candles prohibited? Yes No
5. Are all furnaces on at least an annual service contract? Yes No
6. If there is a Steeple, is it protected by a lightning system bearing the UL label? Yes No
7. Is there commercial cooking equipment ? Yes No
 If yes, list equipment, age and condition of all equipment : _____
 Is there an automatic extinguishing system? Yes No
 If yes, is it on a semi-annual service contract Yes No

SECTION II. LIABILITY QUESTIONS:

8. Number of Buildings: _____ Total Square footage for each building: _____
9. Does the applicant have any residential facilities for clergy only? _____ (sq feet) Apartments rented to others _____ (units)
10. Circle 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	Gymnasium	Shelter Operation	Fair
Rooming House	Other _____				

 Details of circled items: _____
11. Are any of the premises leased/subleased to others? (If yes, please answer the following): Yes No
 - a. What type of business is the tenant operating? _____ What is the square footage occupied by tenant? _____
 - b. Does applicant require tenants to carry general liability insurance with applicant named as an additional insured? Yes No
12. Has there ever been a sexual or physical abuse claim or incident? Yes No
13. Are all exit signs illuminated on premises? Yes No
14. Are there two or more means of egress from the building? Yes No
15. Are all stairs and walkways clear of snow and ice prior to all meetings? Yes No
16. Any anticipated construction of new buildings or alterations to existing structures? (Please provide details) Yes No
17. **Nursery and/or Child Care Operations:** None (If checked skip this section)
 - a. Are there child-sitting operations during the services? (*If yes, please answer the following): Yes No
 - i. Is there a sign in and sign out procedure for the children? Yes No
 - ii. Are background checks run on all volunteers? Yes No
 - b. Does the applicant operate any of the following? Yes No

<input type="checkbox"/> Child Care	<input type="checkbox"/> After School Program	<input type="checkbox"/> Day Camp	If yes, please answer the following:
i. Are you: <input type="checkbox"/> Licensed <input type="checkbox"/> Registered <input type="checkbox"/> Certified			<input type="checkbox"/> Exempt (explain): _____
ii. Hours of operation: _____			Number of Days open per week: _____
iii. License Capacity: _____			Highest Average Daily Attendance: _____

- iv. 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 3-6 years: _____ | # of staff members on duty: _____ |
| # of children 6 years or over: _____ | # of staff members on duty: _____ |
| Total # of children: _____ | Total # of staff members: _____ |
- v. Do you accept physically, medically or mentally challenged children or children with special needs? Yes No
- a. If yes, describe conditions: _____
- vi. Has your license, registration or certification ever been revoked or suspended? Yes No
- vii. Do you have any outstanding violations cited in an inspection that have not been corrected within the deadline for compliance? Yes No
- viii. Do you comply with the state's staff to child ratio at all times? Yes No
- ix. Is the outside play area fenced? Yes No
- x. Is there a Jacuzzi or spa on the premises covered and locked from access by children? N/A Yes No
- xi. Are there trips taken to lakes, beaches, water parks or other residential pools? Yes No
- xii. Any trampolines, gymnastic equipment, moonwalk/bounce equipment, wall climbing, or ball pits? Yes No
- xiii. Any martial arts, gymnastics or contact sports? Yes No
- xiv. Are over the counter drugs dispensed with parents written authorization stating dosage and times within a written log? Yes No
- xv. Are criminal background check investigations conducted on all employees? Yes No
- xvi. Employees under the age of 18 and all volunteers are supervised at all times? Yes No
- xvii. Are permission slips signed by parent/guardian for all trips off premises? Yes No

18. **HIRED AND NONOWNED AUTO:** Check if coverage is desired

Note: If Hired /Nonowned is checked, limit will equal General Liability Occurrence limit. If checked, answer questions a through d:

- a. Does the applicant have a Business (or Commercial) Automobile Insurance Policy in force? Yes No
- b. Does the applicant regularly deliver goods or products? Yes No
- c. Does the applicant require its employees to use their personal automobile to conduct the applicant's business on a regular basis? Yes No
- d. Does the organization have any owned or leased (long-term) autos? Yes No

SECTION III. NON PROFIT DIRECTORS & OFFICERS AND EMPLOYMENT PRACTICES LIABILITY (if eligible)

19. Does the Organization engage in any disciplinary actions as a result of peer review activities? Yes No
20. Does the Organization administer or sponsor any insurance programs? Yes No
21. Is the Organization involved in any accreditation or standard setting activities? Yes No
22. Total number of Employees: Full Time _____ Part Time _____ Volunteers _____ Seasonal _____
23. Number of members: _____ Number of chapters: _____
If there are chapters, is coverage requested for them under this Policy? Yes No
24. Does the Applicant have any Subsidiaries requiring coverage? Yes No
If yes, please complete the Non Profit Subsidiary Addendum (NPSADD).
25. Name and title of individual designated to receive all notices on behalf of the Insured: _____
Title _____ Phone Number: _____
26. Directors and Officers Liability Insurance carried:
- | Insurer | Limits of Liability | Premium | Retention | Policy Period |
|---------|---------------------|---------|-----------|---------------|
| _____ | _____ | _____ | _____ | _____ |
27. Does the organization currently carry General Liability Insurance? Yes No

28. Please provide the following financial information for the last three (3) years. (If organization in existence less than 3 years please provide Budgeted Revenue/Expense statement for next 3 years.)

Year	Total Revenues	Net Income (Loss)	Current Fund Balance*
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

* Fund balance = Total Assets - Total Liabilities

29. 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.)

30. 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 or Executive Director)

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: _____
