

CHURCH APPLICATION

COMPLETE IN FULL

Name of Applicant _____

Location of Risk _____

Mailing Address (if different from above) _____

List all the usual activities of the Church _____

Other occupancies at this location _____

Loss Payee / Mortgagee Insured
 Other (show interest) _____

Limits Of Insurance Required

Church Building \$ _____
 Church Contents \$ _____
 Manse/Parsonage \$ _____
 Rented Dwelling \$ _____
 Hall \$ _____
 Other (Specify) \$ _____

Above coverage's are subject to all risk coverage including: *Flood, *Earthquake & Sewer Back-up, 90% Co-Insurance, Building Bylaws coverage, indoor & outdoor signs. Deductibles are \$500. except 3% - Minimum \$25,000 on Earthquake except in British Columbia and Quebec minimum \$50,000, \$10,000 on Flood, \$2,500. on Sewer Back-up.

*We are no longer providing Flood and Quake coverage in what are known as cresta zones 1 and 2 - including Vancouver Island. These zones include West Vancouver, North Vancouver, Vancouver, Burnaby, Port Moody, Coquitlam, Port Coquitlam, Richmond, Surrey and Delta.

Employee's Dishonesty (Blanket) \$5,000 or \$ _____

Comprehensive General Liability \$1,000,000 \$ _____

Pastors' & Ministers' Error's & Omission's Yes No

If yes, please indicate the number of pastor's _____

CGL includes: Occurrence P.D., Employees & Volunteers as Additional Insured's, Broad Form P.D., Contractual Liability, Incidental Malpractice, Personal Injury, \$100,000 Blanket Broad Form Tenants Legal, Employers Liability, Medical Payments \$1,000/\$10,000, Non-Owned Automobile, Cross Liability Clause.

Physical and Sexual Abuse Limited Cover	<input type="checkbox"/> Yes <input type="checkbox"/> No	MUST COMPLETE SUPPLEMENT
Boiler & Machinery Coverage	<input type="checkbox"/> Yes <input type="checkbox"/> No	MUST COMPLETE SUPPLEMENT
Directors and Officers	<input type="checkbox"/> Yes <input type="checkbox"/> No	MUST COMPLETE SUPPLEMENT

Underwriting Information

Building Construction Height _____ story(s)
Basement Full Yes None
Walls _____
Roof _____
Floors _____ Thickness _____

Property Grounded Lightning Rods Yes No

Ground Floor Area _____ square feet

Heating Natural gas Oil Electric Other: _____
 Forced air Hot water Steam Radiant Other _____

Number of Units _____

Fire Resistive Cut-Off Room Yes No

Adequate Clearances from Combustibles Yes No

Age of Building _____ years

Upgrades (if more than 25 years):

Roof	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, date of upgrade _____
Plumbing	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, date of upgrade _____
Heating	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, date of upgrade _____
Electrical	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, date of upgrade _____

Sprinklered? Yes No

Monitored Burglar Alarm? Yes No

If Yes, provide details _____

Full Perimeter? Yes No

Dedicated Line? Yes No

Window Protection (i.e. bars) Yes No

If Yes, provide details _____

Building Locked Yes No Nights Days Watchman, Other Security Yes No

If yes, describe _____

Closing Time Inspection Made Daily Full None

Does this business depend on any key equipment which may be difficult to replace? Yes No

If Yes, explain _____

How long has this business been in operation? New venture _____ Years.

Area (check all that apply) Industrial Commercial Residential Agricultural
 Urban Suburban Rural

Fire protection within 5 road miles (8 km) of fire hall
 within 1,000 ft. (300 m) of fire hydrant

Number and Type of Extinguishers (Specify Types) _____

Date Last Serviced _____

Kitchen(s) Yes No If yes, give number, frequency of use, type of cooking, protection

Deep Fat Frying Yes No If Yes, How Frequent? _____
Organ Yes No If yes, give full details (mfr., type, age, # of stops/ranks, condition, value)

Day Nursery? Yes No
Drop-In Centre? Yes No If yes, give full details (which bldg., extent)

Is Congregation? Stable Decreasing
Are Candles Used? Yes No During Services Only? Yes No
Incense Braziers? Yes No

Replacement Values Building \$ _____
Contents \$ _____
Organ \$ _____
Other \$ _____

How were these values arrived at? _____

Previous Insurance & Claims

None, this is a new venture None, not previously insured.

Previous Insurer _____

Expiring premium , if known _____

Has any Insurer cancelled or declined to renew a policy of insurance for this applicant? Yes No

If Yes, explain _____

No Claims in the last 8 years. Additional discount applies for 8 years claim free.

5 year claims history

Date of Claim	Description	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Any uninsured losses in the last 8 years? Yes No

If Yes, explain _____

LIABILITY

1. List the Usual weekly activities of the church

2. Name(s) of Pastor(s) _____

Number of Ministers _____

Number of Members _____

Seating Capacity _____ Private School _____ Preschool _____ Nursery School _____

3. Does the church operate a day care centre? Yes No

If yes, indicate the number of Children _____ Staff _____

4. Does the church lease/loan it's premises to others for the purpose of operating any of the above? Yes No

a) If yes, does the operator of the centre have to show proof of liability on an annual basis. Yes No

b) Is the church an additional Named Insured on the day care operators liability policy? Yes No

5. Does the church operate a camp? Yes No

If yes, supplementary Camp Questionnaire must be completed for quoting purposes

6. a) Is there a church hall? Yes No

b) Premises rented to others? Yes No If yes, please explain _____

c) Is liquor server? Yes No

d) Are bartenders provided by the church/hall? Yes No

7. Is there a church cemetery? Yes No

If yes, give size, location, supervision _____

Broker Recommendation

New business to this office. Currently insured through this office.

If currently insured through this office, why is account being remarked? _____

Is applicant known to selling broker? Yes No If Yes, how long? _____ years.

Has marketing broker seen this risk? Yes No

If Yes, condition of risk? Excellent Good Average Fair Poor

If No, attach photo.

Any visible damage to building? Yes No

If Yes, explain _____

Financial situation of applicant Not known Excellent Good Average Fair Poor

Marketing broker's overall opinion of risk Excellent Good Average Fair Poor

General Remarks

(Fire, Vandalism, Theft, Liability,; Describe any Alterations or Additions in Progress or Proposed; Number and Sizes of any Memorial Windows.)

Completed by

Agency/Brokerage

Date:

SOUTH WESTERN GROUP – CHURCH PROGRAM PHYSICAL AND SEXUAL ABUSE INSURANCE POICY

As a major church insurer, our carrier has the experience and the expertise to provide churches with the coverages they actually need.

Our coverages for “Physical and Sexual Abuse” have been modified to be written on a separate “claims made” form. Our “Physical and Sexual Abuse Policy” now provide superior coverage that is unique in the industry. Included in the new policy are the following, each with a separate limit:

- Coverage A - Bodily Injury
 - Coverage B - Civil Defence Costs
- (Coverages A&B subject to 10% self insured retention)
- Coverage C - Criminal Defence Costs (excluding those found guilty of a criminal offence)
 - Coverage D - Medical, Rehabilitation & Counselling Costs

Under Coverage D -- Medical, Rehabilitation & Counselling Costs, reimbursement is made regardless of fault, providing a voluntary payments coverage for the cost of all medical expenses, whether physical or psychological in nature, incurred on behalf of the victim. This can often represent the most costly, but important, expense the Insured will face with a claim of this nature, and it is one which other policies do not pay on a voluntary “no fault” basis.

As a “claims made” form, this new policy will respond to claims advanced during the policy period only. While previous “occurrence based” policies continue to cover the Insured for any “occurrence” that took place within that policy’s term, regardless of when they were claimed (assuming the coverage was not specifically excluded), this new “claims made” policy will cover only those claims that are presented during the policy period. In order to eliminate any overlap in coverage between previous “occurrence based” coverages and the current “claims made” cover, we must EXCLUDE claims based on events that happened prior to the effective date of this policy. These claims will continue to be the subject of the policy that was in place when the event occurred.

With a “claims made” policy that clearly spells out what is covered and offers broad protection to mitigate the real costs involved with claims of this nature, we are confident it is offering the best coverage to serve your client’s needs.

LOSS HISTORY

7. a) Regardless of whether or not you had insurance, on a separate sheet, please furnish a first dollar Loss History for All claims reported in the past five (5) years, If there were no claims, state NONE _____

b) For any claim(s) paid or reserved in excess of \$10,000.00, on a separate sheet, please provide: 1) the date of Loss, 2) a complete description of the loss, 3) the amount paid or reserved (including expenses), and 4) validation date such claim

c) Has there ever been any claim against you for \$100,000.00 or more? Yes No

d) Are you aware of any facts, incidents, or circumstances which may result in claims being made against you? Yes No

If yes, please explain on separate page

THE APPLICANT UNDERSTANDS AND AGREES THAT IF ANY FACTS, INCIDENTS, OR CIRCUMSTANCES WHICH ARE LIKELY TO GIVE RISE TO A CLAIM UNDER THIS POLICY, THEN ANY CLAIMS ARISING FROM SUCH FACTS, INCIDENTS, OR CIRCUMSTANCES ARE EXCLUDED FROM COVERAGE UNDER THIS PROPOSED POLICY.

HUMAN RESOURCES DEPARTMENT

8. a) Do you have a Human or Personal department Yes No

If no, please provide details on the handling of this function on a separate page.

How many employees are in this department? _____

b) Do you make use of tests to screen applicants? Yes No

If yes, please provide details _____

c) Do you distribute an employee handbook to your employees? Yes No

d) Do you have a formal orientation program for all new employees? Yes No

If yes, please provide details _____

e) Do you conduct regular written performance evaluations of all new employees? Yes No

f) Do you have formal policies or procedures regarding any of the following:

1) sexual harassment? Yes No

2) the handling of employee complaints of discrimination or sexual harassments? Yes No

If you answered yes to any of the items in this question 8f), please provide copies of such policies together with information regarding the distribution of such policies to your employees, e.g., notices on bulletin boards, annual distribution to all employees, etc.

CLAIMS HANDLING PROCEDURES

9. Who in the insured's organization has been designated to handle claims?

Name _____ Title _____

Address _____

Telephone Number (include area code) _____

With respect to claims, incidents, etc.

1) Do you have a written procedure for obtaining information? Yes No

2) Have you made all personal aware of your requirements for prompt notice? Yes No

THIS APPLICATION WILL ONLY BE PROCESSED IF THE FOLLOWING APPLICABLE INFORMATION IS INCLUDED. FAILURE TO INCLUDE THE APPLICABLE INFORMATION FOR ANY COMPANY TO BE COVERED BY THIS INSURANCE WILL DELAY THE INSURANCE OF A QUOTE UNTIL THE INFORMATION IS RECEIVED OR WILL RESULT IN A QUOTE EXCLUDING THE COMPANY(ICES) FOR WHICH THE INFORMATION HAS BEEN RECEIVED.

Indicate attachments by an (X):

- Employment Application form(s)
- Supervisory manual (s)
- Employee handbook, manual, and work rules

THE APPLICANT WARRANTS TO THE BEST OF HIS KNOWLEDGE AND BELIEF THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE AND INCLUDE ALL MATERIAL INFORMATION.

THE APPLICANT FURTHER WARRANTS THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE INCEPTION DATE OF THE POLICY PERIOD, IT WILL IMMEDIATELY NOTIFY ECCLESIASTICAL INSURANCE OFFICE OF SUCH CHANGE.

THE SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER NOR THE APPLICANT TO ACCEPT INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE INSURANCE SHOULD A POLICY BE ISSUED.

NOTE: BOTH SIGNATURE LINES MUST BE COMPLETED.

Date	Applicant's authorized signature of an officer	Title
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Date	Applicant's authorized signature of individual in charge of Human Resources of Personnel Department	Title
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Ecclesiastical Insurance Office plc

Head Office: Toronto, Ontario

Branch Offices: Halifax, Nova Scotia; Vancouver, British Columbia

APPLICATION

DIRECTORS AND OFFICERS AND COMPANY REIMBURSEMENT INDEMNITY INSURANCE POLICY – GENERAL

1. Please answer all of the following questions:

Agency _____

Applicant _____

No. & Street _____

Town _____ Province _____ Postal Code _____

2. Date Organization established _____

3. Please Identify sources of funds _____

4. Annual Revenue from all sources _____

5. How many members does the organization have? _____

6. Number of Officers _____ 7. Number of Advisory Board Members _____

8. Does the organization Publish any Magazines, periodicals or Bulletins Yes No

If yes, list below and attach sample of each _____

9. Does the organization engage in advertising, broadcasting or reproduction of copyrighted materials on behalf of its Members? Yes No

If yes, describe _____

10. If applicable, furnish the specific information requested herein:

a) Retained or regular attorneys _____

b) Accountants _____

c) Depository Bank _____

d) Investment Advisor _____

e) Has the organization at any time of the past five years been in breach of any of its debts, covenants or loan Agreements? Yes No

If yes, furnish details _____

11. Indicate details of the organization's current or expiring coverage's

Current Insurance	Amount or Limit	Insurer	Expiry Date
a) Directors and Officers Liability			
b) Professional Error or Omissions			
c) Comprehensive General Liability			
d) Other Liability Insurance			

