



JD Smith Insurance Brokers
Insuring Churches and Charities
for over 25 Years.

Fax to 905-764-9618

www.ChurchInsurance.ca

CHURCH INSURANCE APPLICATION

PLEASE COMPLETE IN FULL

Church Name: \_\_\_\_\_

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

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 \$1,000. 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) [ ] \$7,500 or [ ] \$ \_\_\_\_\_

Comprehensive General Liability [ ] \$2,000,000 [ ] \$ \_\_\_\_\_

Pastors' & Ministers' Error's & Omission's [ ] Yes [ ] No \_\_\_\_\_

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 [ ] Yes [ ] No MUST COMPLETE SUPPLEMENT

Boiler & Machinery Coverage [ ] Yes [ ] No MUST COMPLETE SUPPLEMENT

Directors and Officers [ ] Yes [ ] No MUST COMPLETE SUPPLEMENT

## Church Building 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

If Yes, provide details \_\_\_\_\_

Monitored Burglar Alarm?     Yes    No

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

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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 \_\_\_\_\_

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**SUPPLEMENT  
BOILER AND MACHINERY APPLICATION**

Name of Church \_\_\_\_\_  
Address \_\_\_\_\_  
Town/City \_\_\_\_\_ Province \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Phone Number \_\_\_\_\_

1. Heat       H/A       H/W       Other (specify) \_\_\_\_\_

2. Fuel       Electrical       Gas       Oil       Other (specify) \_\_\_\_\_

3. If Boiler give:      Name of Manufacturer \_\_\_\_\_  
   Age (if known) \_\_\_\_\_

4. Central Air Conditioning?       Yes       No

**DIRECTORS AND OFFICERS**

Directors and Officers Coverage is required       Yes       No

If yes,    Income up to \$50,000 Annual     

                 \$50,000 to \$150,000 Annual     

                 Over \$150,000