



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 _____

**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