

RELIGIOUS ORGANIZATION SUPPLEMENTAL APPLICATION

Pages 1 - 4 must be completed on all submissions.

1. If Applicant owns or provides Child Care services complete page 5
2. If Applicant owns or operates a Camp, complete page 6.
3. If Applicant operates a School, complete page 7.
4. If Applicant sponsors Fund Raising Events, complete page 8.
5. If Applicant has Security Guards, complete page 9.
6. If Applicant has any Contracting Operations, complete pages 10 & 11.
7. If Applicant has any building > 100 years old, valued > \$500,000 complete pages 12 & 13 for each building.

SUBMISSION REQUIREMENTS

- ACORD Applications, including Crime (2000) and Umbrella
- Statement of values if blanket or agreed value on property
- Currently valued insurance company loss runs for the current policy period plus (3) prior years
- Photograph of house of worship (front and rear)
- If the Applicant has more than 10 drivers, MVR's for each
- Latest audited financials or latest approved financial budget

Applicant Name:

Specific Denomination:

Mailing Address:

Number of Members / Parishioners:

City:

State:

Zip:

501(c)3?

Yes

No

Website Address:

Risk Management Contact:

Cell Phone:

E-Mail:

SECTION I - LIFE SAFETY

Does all of the Applicant's facilities (buildings) have the following life safety features:

(Indicate any locations which do not have the following features.)

- | | | | | | | |
|---|-----|----|------------|------------------|-----|----|
| 1. Fire alarms? | | | | | Yes | No |
| 2. Smoke detectors | Yes | No | Hard Wired | Battery Operated | | |
| 3. Emergency lighting? | | | | | Yes | No |
| 4. Sprinklers? | | | | | Yes | No |
| 5. Are evacuation routes posted throughout the building? | | | | | Yes | No |
| 6. Does the Applicant have minimal of 2 means of egress per building? | | | | | Yes | No |

SECTION II - PROPERTY

- | | | |
|---|-----|----|
| 1. Are any of the buildings used for something other than what they originally built for?
If yes, list locations and describe renovation work: | Yes | No |
| 2. Are any of the Applicant's buildings on a historical register?
If yes, please list locations and provide an appraisal: | Yes | No |
| 3. Is there is cooking on premises?
Describe exposure and protections: | Yes | No |
| 4. Does the property have aluminum wiring?
If yes, has it been retrofitted with one of the PHLI approved connectors by a licensed electrician?
Indicate which one: COPALUM: Yes No Alumiconn: | Yes | No |
| Date updated:
Please supply retrofit documentation or statement from installing contractor. | Yes | No |

SECTION III - INLAND MARINE

- | | | |
|--|-----|----|
| 1. Any buildings with stained glass? | Yes | No |
| If yes, value of stained glass: \$ | | |
| Is stained glass included in the building limits provided? | Yes | No |
| 2. Attach a description and value of any religious artifacts or artwork (including stained glass) located inside or outside of premises. Include any appraisals (required if >\$5,000 per item). | | |
| 3. Is there an organ or other musical instrument? | Yes | No |
| Value and description: \$ | | |

SECTION IV - GENERAL LIABILITY

- | | | |
|---|--|----|
| 1. Is a nursery available during scheduled house of worship activities? | Yes | No |
| Number of days per week nursery is provided: | Average number of children in nursery each week: | |
| Nursery is staffed by: Employees | Volunteers | |
| 2. Is a youth group program offered? | Yes | No |
| Age range of children: | Number in attendance each week: | |
| Youth group is run by: Lay pastors | House of worship members Other volunteers | |
| List of activities: | | |
| 3. Does the Applicant operate any shelters? | Yes | No |
| If yes, indicate location number and number of beds for each: | | |
| Is the shelter manned by wake staff or volunteers: | | |
| What are the hours that the shelter is open: | | |
| 4. List all community services provided by the Applicant's organization: | | |
| 5. Does the Applicant lease any of the house of worship's premises to members or the general public? | Yes | No |
| 6. Does the lease contain an indemnification clause and hold harmless agreement in favor of the house of worship? | Yes | No |
| 7. Does the Applicant obtain a certificate of insurance for the lessee's Commercial General Liability policy? | Yes | No |
| 8. a. Does the Applicant have any foreign travel exposure within the next 12 months? | Yes | No |
| b. Does the Applicant have a Foreign Liability policy in place? | Yes | No |
| c. Does the Applicant obtain signed liability waivers from all participants? | Yes | No |
| d. Advise: Country: Length of stay: Number of Patrons attending: | | |
| e. Describe activities that will occur: | | |
| 9. Does the house of worship sponsor any athletic leagues? | Yes | No |
| a. Sport(s) played: | | |
| Number of participants: Age of participants: | | |
| b. Does the Applicant require all participants or guardians (if minors involved) to sign a waiver of liability prior to participating? | Yes | No |
| c. Does the Applicant require evidence of participant's personal liability insurance? | Yes | No |
| d. Does the Applicant obtain an Accident and Health policy? | Yes | No |
| If yes, what limit: \$ | | |
| 10. Does the Applicant now use or plan, in the future, to use swimming facilities? | Yes | No |
| a. Is the pool: Owned / operated by the Applicant, or Operated by other than the Applicant | | |
| b. Is a minimum of one staff member certified in CPR present at swimming areas? | Yes | No |
| c. Are lifeguards present? Yes No d. Are water depths marked? Yes No | | |
| e. Is the pool completely fenced? Yes No f. Is there a self-locking gate? Yes No | | |
| g. Is there a diving board Yes No h. Is there a slide into the pool? Yes No | | |
| 11. Are all swimming pools and spas compliant with Virginia Graeme Baker Pool and Spa Safety Act? | Yes | No |
| If no, provide time table and action plan: | | |
| 12. Ratio of staff to child when at pools: | | |
| 13. Does the Applicant own or have access to a playground area? | Yes | No |
| a. Is the area fenced? Yes No b. Are trampolines present? Yes No | | |
| c. Describe playground equipment and surfaces: | | |

SECTION V - PROFESSIONAL LIABILITY

1. Does the Applicant's current insurance program provide Professional Liability coverage? Yes No
If yes, indicate the limit of liability: \$
 2. Is Professional Liability: Occurrence Claims Made Retroactive Date:
- | Position | # of Full Time | # of Part Time | Position | # of Full Time | # of Part Time |
|------------------------------|----------------|----------------|-----------------|----------------|----------------|
| Administrators | | | Clerical | | |
| Clergy, Rabbis, Pastor, etc. | | | Teachers | | |
| Counselors | | | Camp Counselors | | |
| Nurses | | | Other: | | |
| Volunteers | | | | | |
3. What type of counseling is performed by the insured's clergy, rabbis, pastor, etc.:
Alcohol Marriage Religious Drugs Pregnancy Other:
 4. Have all clergy, rabbis, pastor, etc. completed their degree at an accredited theological seminary? Yes No
If no, describe training clergy, rabbis, pastor, etc. underwent:
 5. Does the Applicant verify license, education and other credentials for all counselors? Yes No
 6. Is the house of worship or clergy, rabbis, pastor, etc. aware of any act, error, omission, fact, circumstance or situation that might afford valid grounds for a future claim, suit, or action under professional liability? **If yes, please describe:** Yes No
 7. Does the Applicant use contracted counselors? Yes No
 8. Are certificates of malpractice liability insurance obtained and maintained for all contracted counselors and health care providers? Yes No
If yes, indicate the limits of liability:
 9. Is the staff required to report all incidences that may result in a claim? Yes No
 If yes, is a written record kept? Yes No
 10. Are procedures in place to protect confidentiality of clients? Yes No

SECTION VI - CRIME

1. Does the Applicant have poor boxes on premises? Yes No
If yes, how often are they emptied:
2. Are there any seasonal needs for increased money and securities limits? Yes No
 Dates: Limit needed:
3. Is the sanctuary or any other house of worship building left unlocked when no staff is present? Yes No
4. If volunteers are used to count / handle donations, please provide number used and screening required of same.

SECTION VII - AUTOMOBILE

1. Does the Applicant require employees and volunteers to carry and show evidence of personal auto insurance? Yes No
2. Describe use of non-company vehicles:
3. Does the Applicant provide transportation services? Yes No
4. If yes, does the Applicant obtain MVRs on your drivers? Yes No
5. Are vehicles checked after passengers disembark to make sure no one is left behind? Yes No
6. Are all drivers at least 21 years of age? Yes No
7. Is training provided for new employees prior to their transporting people? Yes No
8. What is the procedure for dealing with driver accidents or violations?
9. How often are Applicant's vehicles inspected: Daily Weekly Monthly Other:
10. Estimated yearly mileage:
11. Does the Applicant's organization utilize GPS fleet telematics devices? Yes No
 If yes, please check off the fleet telematics being utilized:
Plug in Hard wired Mobile Phone Other:
12. What percentage of the Applicant's fleet is provided with these fleet telematics devices? %

SECTION VIII - ABUSE AND MOLESTATION

- | | | |
|---|-----|----|
| 1. Does the Applicant's employment process (for employees and volunteers) include verification of whether the individual has ever been convicted of any crime, including sex-related or child abuse offenses before an offer is made? | Yes | No |
| 2. Does the Applicant utilize an application for volunteers?
If yes , does it include questions about whether the individual has ever been convicted of any felony, including sex-related and / or child abuse related offenses?
If no , completely describe the Applicant's screening process and guidelines applicable to volunteers: | Yes | No |
| 3. Does the Applicant conduct criminal background and reference checks for all employees?
If no, please explain: | Yes | No |
| 4. Does the Applicant conduct criminal background and reference checks for all volunteers?
If no, please explain: | Yes | No |
| 5. Is there a new employee and volunteer orientation program that includes training in abuse awareness? | Yes | No |
| 6. Does the Applicant require that no minor is ever alone with only one adult in any house of worship sponsored activity except in a counseling situation? | Yes | No |
| 7. Describe any closed door counseling provided to individual clients: | | |
| 8. Are parents encouraged to visit the premises unannounced and observe children's activities? | Yes | No |
| 9. Are any minors in the Applicant's care overnight? | Yes | No |
| 10. Have any of the Applicant's 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, identify the person and submit a detailed written account. | Yes | No |
| 11. Has the Applicant's organization ever had an incident which resulted in an allegation of sexual abuse? If yes, please describe: | Yes | No |
| a. Was a claim made against the organization?
If yes, please describe: | Yes | No |
| b. Was a claim made against any employee(s)?
If yes, please describe: | Yes | No |
| c. Was the case settled?
If yes, please explain: | Yes | No |
| 12. Does the Applicant's current insurance program provide Abuse and Molestation coverage? | Yes | No |
| 13. Indicate current Abuse and Molestation limit of liability:
Is coverage provided by: Occurrence Claims Made If claims made, retroactive date: | | |

Attach a copy of your abuse procedure guidelines and applications used for employees and volunteers.

SECTION IX - CHILD CARE

N/A

STAFF AND CHILDREN: (The ratios of staff-to-children must be at least the state required ratio)

1. Based on the **maximum number** of children enrolled on the Applicant's busiest day OR busiest session, enter the number of staff and children in each of the following age groups. (Do not duplicate before and after school children if they stay all day).

AGE GROUP	# OF CHILDREN	AVERAGE DAILY ATTENDANCE	# OF TEACHERS
Infants, ages 0 – 1			
Toddlers, ages 1 – 2			
Toddlers, ages 2 – 3			
Preschoolers, ages 3 – 5			
School Age Children			

2. Is anyone on staff under 18 years old? Yes No
3. Is a minimum of one staff member certified in first aid present at all times? Yes No
4. Does the Applicant's center exit directly to the outside?
To ground level? Yes No
5. Do the bathroom doors lock?
Can they be unlocked from the outside? Yes No
6. How often are evacuation drills performed?
7. Please describe the Applicant's child release procedures:
8. **OPTIONAL** : If male staff, provide details of Yes No
- a. Length of employment:
- b. Any one-on-one activities? Yes No
- c. Duties performed, including age groups:

HEALTH:

1. Does the Applicant provide sick child, drop-in, latch-key, boarding or camp services? Yes No
If yes, please explain:
2. How many children require special care and treatment:
Please explain what special care and treatment is provided:
3. Indicate if a file containing the following information is maintained on each child:
- a. Immunization records of the children being immunized successfully and updated annually? Yes No
- b. Signed releases for emergency medical treatment / dispensing of medication obtained from parents? Yes No
- c. Written instructions from child's physician for dispensing of child's medication? Yes No
4. Does the Applicant have an Accident and Health policy?
Is coverage mandatory for all children? Yes No
Provide Carrier: Limits: Policy Term:

SPECIAL ACTIVITIES:

1. Are any pets or animals kept on premises? Yes No
If yes, describe animals, caging and type of interaction:
2. Are special classes provided (gymnastics, dance, karate, tumbling, horseback riding, etc.)? Yes No
If yes, please explain:
3. Classes taught by independent contractors are taught: on premise off premises
4. Does the Applicant request / maintain Certificates of Insurance from all sub-contractors? Yes No
5. Are waivers obtained from all parents? Yes No
6. Does the Applicant offer field trips? Yes No
If yes, answer the following:
- a. What is the adult / child ratio on trips?
- b. What is minimum age of child?
- c. Describe field trips:

SECTION X – CAMPS

N/A

- | | | |
|---|----------------|----------------------|
| 1. Is camp owned by insured?
If no, is a certificate of insurance required from owner? | Yes
Yes | No
No |
| 2. Is camp accredited by ACA? | Yes | No |
| 3. Is camp accredited by CCI? | Yes | No |
| 4. If no to questions #2 & #3 above, please explain: | | |
| 5. Total number of days in operation annually: | | |
| 6. Number of children at each camp
Day Camp:
Overnight Camp:
If overnight, what is the average length of stay: | | |
| 7. Is written permission / waiver of liability obtained from every child's parent or guardian? | Yes | No |
| 8. Does the Applicant carry an Accident and Health policy? | Yes | No |
| 9. What is the number of staff members at each camp? | | |
| 10. Number of volunteers: | | |
| 11. Are sleeping quarters co-ed? | Yes | No |
| 12. Is the staff trained and certified in CPR? | Yes | No |
| 13. Are restrooms / showers co-ed? | Yes | No |
| 14. Indicate and describe if any of the following exposures exist in the camp operations: | | |
| Circus Activities | | Pools |
| Diving Boards | | Rock Climbing |
| Downhill Skiing | | Rope Courses |
| Fireworks | | Skateboarding |
| Guns | | Skin or Scuba Diving |
| Gymnastics | | Snowmobiling |
| Horses | | Snow Tubing |
| Ice Hockey | | Tobogganing |
| Jet Skis | | Trampolines |
| Lakes | | Water Skiing |
| Martial Arts | | Water Tubing |
| Motor Boats | | White Water Rafting |
| Obstacle Course | | Grade of rapids: |
| Paint Ball | | |
| Use the below space to describe any activities not addressed above: | | |
| | | |
| 15. Does the camp have a written safety plan for all applicable checked / listed activities above?
If yes, please attach a copy for all applicable activities. | Yes | No |
| 16. Are there any certified medical personnel (Doctors or Nurses) on premises during camp?
If yes, how many: Doctors: Nurses: Other:
If yes, do all certified medical personnel have their own professional liability insurance with minimum limit of \$500,000? If no, please explain medical procedures: | Yes

Yes | No

No |
| 17. What percent of campers have special needs? % | | |
| 18. List the campers' types of disabilities: | | |

SECTION XI – SCHOOLS

N/A

GENERAL INFORMATION:

1. Type of school:

Private School - Elementary	# of students:	# of teachers:
Private School - Secondary	# of students:	# of teachers:
College / University	# of students:	# of teachers:
2. Date school was founded or chartered:
3. Describe security measures on campus:

CORPORAL PUNISHMENT:

- | | | |
|---|-----|----|
| 1. Does the Applicant's school permit corporal punishment? | Yes | No |
| 2. Is there a written policy concerning the use of corporal punishment? | Yes | No |
| 3. Have there ever been any claims for corporal punishment? | Yes | No |
| 4. Does the Applicant's state permit corporal punishment? | Yes | No |

DORMITORIES:

1. How many dormitory buildings are owned by the Applicant's institution:
2. What is the maximum number of stories:
3. Are the dormitories sprinklered in all areas? Yes No
4. Is each room equipped with hard-wired smoke detectors? Yes No
5. Check any of the following that are allowed in dorm rooms:

Incense Burners	Space Heaters	Hot Plates
Candles	Toasters or Toaster Ovens	Smoking
6. How many means of egress does each building have:
7. Are there emergency procedures in place including evacuation? Yes No
8. Are there scheduled fire drills and regular testing of fire alarms? Yes No
9. Is emergency lighting provided in stairwells and hallways? Yes No

ATHLETICS:

1. Does the school obtain a signed release which includes a hold harmless agreement from the parents / guardians of all participants? Yes No
2. Are instructors / coaches trained in physical education? Yes No
3. Are medical exams required for all participants in extra-curricular sports? Yes No
4. Is someone who is trained in first aid always present during practices or games? Yes No
5. Is Student Accident Insurance carried? Yes No
 If yes, what limit is carried: \$
 If no, is evidence of personal medical insurance for each participant obtained? Yes No
6. Does the Applicant have any bleachers or grandstands on the premises? Yes No
 Indoor Outdoor Yes No
 What is the age of the bleachers / grandstands:
 How many bleachers / grandstands are on the property:
7. Please check all sports played and indicate whether they are interscholastic (O) or Intramural (I):

Sport:	O	I	Sport:	O	I	Sport:	O	I
Archery			Football			Soccer		
Baseball			Golf			Softball		
Basketball			Gymnastics			Swimming		
Bungee Jumping			Ice Hockey			Tennis		
Cheerleading			La Crosse			Trampoline		
Climbing (Mountain, Rock or Wall)			Polo			Volleyball		
Cross Country Track			Rugby			Water Skiing		
Diving			Scuba Diving			Wrestling		
Equestrian			Snow Skiing			Other:		
Field Hockey			Sky Diving			Other:		

SECTION XII - FUND RAISING

N/A

- | | | |
|--|---|----|
| 1. Does the Applicant operate or sponsor any events that involve the following exposures? Check all that apply. | | |
| Parades | Carnivals and Fairs with Mechanical Rides | |
| Aircraft | Bounce Houses | |
| Motorcycle Runs and Automobile Rallies | Rock, Hip-Hop or Rap Concerts | |
| Fireworks | Events including Contact Sports | |
| Firearms | Rodeos | |
| Animals | Political Rallies | |
| 2. Does the Applicant have any event lasting more than 5 days? | Yes | No |
| 3. Does the Applicant have any event with greater than 500 people at any one time? | Yes | No |
| 4. Does the Applicant have any event with liquor provided or served by the Insured if a license is required for such activity or a charge is made? | Yes | No |

If you checked any events or answered "Yes" to questions 1 – 4 we will evaluate the exposure(s) to see if event(s) coverage can be extended in conjunction with the package policy. Please provide details below for each.

1. Description of Event(s):

2. Date(s):

3. Time:

4. Number of participants:

5. Revenue generated: \$

6. Number of volunteers:

7. Does the Applicant operate or sponsor any event with a swimming exposure?	Yes	No
--	-----	----

If yes

Are lifeguards on duty?	Yes	No
-------------------------	-----	----

Are they hired by the Applicant at the place event is being held?	Yes	No
---	-----	----

Are they lifeguard certified?	Yes	No
-------------------------------	-----	----

Are they C.P.R. trained?	Yes	No
--------------------------	-----	----

Are certificates received by the Applicant?	Yes	No
---	-----	----

8. Does the Applicant operate or sponsor any event where alcohol being served?	Yes	No
--	-----	----

If yes

Are bartenders hired by the Applicant at the place event is being held?	Yes	No
---	-----	----

Are they trained in T.I.P.P.S.?	Yes	No
---------------------------------	-----	----

 How is the drinking limited? *Example: Are tickets given out?*

Certificate received by the Applicant?	Yes	No
--	-----	----

9. Does the Applicant operate or sponsor any event were a sporting activity is being held?	Yes	No
--	-----	----

If yes

 Which sport(s):

Are participants required to sign a waiver?	Yes	No
---	-----	----

Do participants have to show proof of personal health insurance (participants are currently excluded under standard CGL)?	Yes	No
---	-----	----

Are safeguards in place to prevent injury to spectators?	Yes	No
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SECTION XIII - SECURITY

N/A

1. Describe the nature of security services provided:

2. Provide the number of each type of guard, estimated weekly hours utilized, annual payroll, functions and if armed.

Type	Number	Hours Worked Per Week	Annual Payroll	Armed? Weapon Type?	Functions Performing
Employees			\$		
Volunteers			\$		
Off-Duty Police			\$		
Sub-contractors			\$		
Other			\$		

3. Does the Applicant have a written security handbook? Yes No

If yes, provide copy of same.

4. Does the Applicant have a formal training program? Yes No

If yes, does it outline expectations for use of weapons? Yes No

Does security have authority to detain, search and / or arrest? Yes No

If yes, please describe:

5. Are notices for the public clearly posted including notices in languages appropriate for the neighborhoods? Yes No

6. Are criminal background checks required for all security personnel? Yes No

If no, describe circumstances that they are not required:

7. If security is armed with lethal weapons, are current licenses / permits reviewed by the Applicant? Yes No

Are copies of same kept on file at the Applicant's premises? Yes No

8. Are any firearms stored on the Applicant's premises? Yes No

If yes, is storage locked? Yes No

Are trigger locks on? Yes No

Is ammunition in a separate locked location from the weapon? Yes No

9. If sub-contractors are utilized, is a certificate of insurance provided? Yes No

What is the limit of Insurance: \$

Is the Applicant named as an additional insured on the sub-contractor's policy? Yes No

10. If off-duty police officers, are their superiors made aware of their moonlighting services? Yes No

Attach copy of written contract insured has with any security personnel.

SECTION XIV - CONTRACTING OPERATIONS

N/A

- | | | |
|--|-----|----|
| 1. Does the Applicant directly undertake any construction projects charitable or otherwise for any third parties? If yes, explain scope and purpose: | Yes | No |
| 2. Does the Applicant perform any construction-type activities besides routine maintenance on any of its owned properties? This can include, but is not limited to, roof repairs, interior renovations, siding replacement, etc. If yes, please list: | Yes | No |
| 3. Is the person who is responsible for supervising the construction project knowledgeable, qualified, experienced, certified, and licensed in the trade necessary to complete the project correctly?
If yes, please explain: | Yes | No |
| 4. Is this individual an employee, volunteer, or hired contractor? If yes, please explain: | Yes | No |
| 5. If they are a hired contractor, are they providing a certificate of insurance showing a minimum of \$1,000,000 General Liability and Products Completed Operations coverage with an A.M Best A-rated or better carrier and naming your entity as an additional insured? | Yes | No |
| 6. Are professional drawings and plans produced and approved?
Is an architect being consulted or hired before a construction project begins?
Are they providing a certificate of insurance naming your entity as an additional insured?
If yes to any of the above, please advise: | Yes | No |
| 7. Are all required permits obtained before construction, and inspections obtained after construction is complete? If yes, please explain: | Yes | No |
| 8. Who takes part in the construction: Employees Volunteers
Are they all above the age of 18? If yes, please explain: | Yes | No |
| 9. Do volunteers sign and understand waivers? | Yes | No |
| 10. Does the Applicant have an Accident and Health policy to cover volunteers for medical payments? | Yes | No |
| 11. Is any training provided?
If yes, who conducts training and what are their qualifications: | Yes | No |
| 12. Is the Applicant providing equipment and tools for the project or are volunteers using their own equipment: | | |
| 13. How are construction debris and other by-products disposed of: | | |
| 14. Has prior written consent been obtained from the property owner receiving completed work?
Is the recipient of completed work signing a hold harmless agreement releasing the insured, your entity, from all liability associated with the completed project? If yes, please explain: | Yes | No |

- | | | | | |
|-----|---|----|-----|----|
| 15. | Are there jobsite rules and procedures in place? | | Yes | No |
| | Is there an emergency procedure plan in place? | | Yes | No |
| | Is there a first aid kit and means to contact immediate emergency medical assistance? | | Yes | No |
| | Please explain: | | | |
| 16. | Who provides transportation for workers and / or volunteers:
Are MVRs run on anyone operating a church vehicle? Please explain: | | Yes | No |
| 17. | Is there any operating of construction vehicles / equipment like bulldozers, wrecking balls, etc.?
If yes , by whom and what is their experience and qualification in operating this type of equipment: | | Yes | No |
| 18. | Please give the full address where any new construction will be added: | | | |
| 19. | Inspector name and contact information: | | | |
| 20. | Policy term of Builders Risk policy: | to | | |
| 21. | Limit of insurance | | | |
| | at the project site: | | | |
| | in temporary storage: | | | |
| | while in transit: | | | |
| | Extra Expense: | | | |
| | Loss of Rents: | | | |
| | Flood limit: | | | |
| | Earthquake limit: | | | |
| 23. | Contractor name, address, and website: | | | |
| 24. | How many stories: | | | |
| 25. | What is the construction type: | | | |
| 26. | Total square feet: | | | |
| 27. | Is construction: lift slab tilt-up prototype | | | |
| 28. | Is project on filled land? | | Yes | No |
| | If yes , are pilings used? | | Yes | No |
| 29. | Will project be: | | | |
| | fenced? | | Yes | No |
| | lighted? | | Yes | No |
| | locked? | | Yes | No |
| | watchman on premises? | | Yes | No |

SECTION XV - 100 YEAR OLD BUILDINGS – RELIGIOUS ORGANIZATIONS

N/A

1. Location Address:
2. What is the average number of attendees during the main weekly service:
3. What is the annual budget for building maintenance and upkeep: \$
4. What is the funding source for building maintenance and upkeep:
5. Does the Applicant have a full-time maintenance staff? Yes No
 If yes, number of employees:
 If no, who performs the routine daily, weekly, and monthly maintenance:
6. What building and grounds maintenance duties are performed by Applicant's staff:
7. What building and grounds maintenance duties does Applicant hire a specialist for (i.e. roofing, plumbing):

BUILDING INFORMATION

1. Location address of building 100 years old:
2. Occupancy of building:
3. Age of original structure and age(s) for additions built if applicable:
4. Construction type of original structure and construction type(s) for additions built if applicable:

STRUCTURAL INFORMATION

ROOF

1. Age of roof:
2. Date of last update:
3. Detailed description of update(s):
4. Type of roof (check all that apply)

Asphalt Shingle	%	Flat/Membrane	%	Wood Shingle	%
Slate Shingle	%	Spanish Tile	%	Concrete	%
Metal	%	Other (specify):			%
5. What is the name of the Applicant's roofing contractor company:
6. When was the last roof inspection conducted:
7. How often is the roof inspected:

FOUNDATION

1. Type of foundation:

Wood	Brick	Masonry	Concrete	Other (specify):
------	-------	---------	----------	------------------
2. If brick or masonry, has the foundation been repointed within the last 50 years? Yes No
3. If wood, when was the last termite inspection done:
 Was damage found? Yes No
Describe the repairs:
4. Is there history of water infiltration through foundation? **If yes, describe:** Yes No
5. Is there vertical or diagonal cracking in the foundation? **If yes, describe:** Yes No

- | | | |
|--|-----|----|
| 6. Does the foundation wall bulge or bow?
If yes, describe: | Yes | No |
| 7. Has the foundation been inspected by a structural engineer in the last 15 years?
If yes, any corrective action needed and performed: (describe) | Yes | No |

LOAD-BEARING EXTERIOR WALLS

- | | | |
|--|-----|----|
| 1. Year of update: | | |
| 2. Detailed description of update(s): | | |
| 3. Are the walls leaning, bowing, bulging in any area(s)?
If yes, describe: | Yes | No |
| 4. Are cracks evident on exterior wall?
If yes, describe: | Yes | No |
| 5. Are exterior doors or window openings out of square?
If yes, describe: | Yes | No |
| 6. Have there been any prior structural failures at this location (i.e. collapse)?
If yes, describe: | Yes | No |

SYSTEMS INFORMATION

ELECTRICAL

- | | | |
|--|-----|----|
| 1. Year updated: | | |
| 2. Detailed description of updates: | | |
| 3. Any knob and tube wiring present?
If yes, describe location(s) within the building with same: | Yes | No |
| 4. Any aluminum wiring present?
If yes, describe location(s) within the building with same: | Yes | No |
| 5. Have you had 3 rd party thermographic testing done?
If yes, by whom and when?
If yes, forward a copy of the testing results with this application. | Yes | No |

PLUMBING

- | | | | | | |
|--|---|----------------|---|------------------|---|
| 1. Age of plumbing system: | | | | | |
| 2. Type: Copper Pipes | % | Brass Pipes | % | Galvanized Pipes | % |
| Mixed (Copper, Brass, Galvanized) | % | Plastic Piping | % | PVC | % |
| Other: % (specify): | | | | | |
| 3. Year updated: | | | | | |
| 4. Detailed description of updates: | | | | | |
| 5. Is all plumbing intact and supported? | | Yes | | No | |
| 6. Are there any active leaks? If yes, describe: | | Yes | | No | |
| 7. Does the Applicant have a licensed plumber on file? | | Yes | | No | |
| 8. Is the building equipped with an automatic interior climate control system keeping temperature within 55°- 85°?
If yes, how often is it tested?
If yes, does it protect the entire building?
Describe what areas if it is not the entire building. | | Yes | | No | |

If no, what other controls are in place to keep pipes above freezing and temperature in the building regulated (insulated pipes, heat wraps, etc.):

G97 HCB LJ WINTER WEATHER FREEZE-UP PROTECTION

This section must be completed by all risks that have a location in one of the following states: AR, CT, DC, DE, GA, IL, IN, KY, ME, MD, MA, MI, MO, NH, NY, NJ, NC, OH, PA, RI, SC, TN, TX, VT, VA, WV, WI

- | | | | |
|---|------|----|-----|
| 1. Fire Protection and Testing | | | |
| a. Is the building provided with an Automatic Fire Sprinkler System (AS)? | Yes | No | N/A |
| i. If yes, approximately what percentage (%) of the building is sprinklered? | % | | |
| ii. If yes, what type of sprinkler system is installed? Wet-Pipe Dry-Pipe | Both | | |
| iii. If yes, when possible, is the sprinkler piping primarily run within conditioned areas designed to ensure the temperature remains above the 45°F minimum temperature? | Yes | No | N/A |
| 1. If no, please describe freeze prevention measures (e.g. temperature monitoring, heat trace, full insulation on piping or roof): | | | |
| iv. If yes, is the testing & inspection by qualified sprinkler contractor completed within past 12 months & includes a formal winterization review? | Yes | No | N/A |
| v. If yes, are the alarms tied to a 24 hour UL listed monitoring company? | Yes | No | N/A |
| 2. Emergency Water Response (domestic and AS water lines) | | | |
| a. Are water shutoff valves (domestic and AS water lines) marked and readily accessible? | Yes | No | N/A |
| b. Are water shutoff valves exercised (closed and reopened) at least annually? | Yes | No | N/A |
| c. Is the staff qualified to respond and shut off the water main during normal business hours and off hours? | Yes | No | N/A |
| 3. Automatic Water Shutoff Devices | | | |
| a. For domestic water lines, is there a water flow detection, notification and automatic shutoff? | Yes | No | N/A |
| 4. Unused/Vacant Spaces | | | |
| a. Does Applicant have a formal process to turn off and drain domestic water lines for these spaces? | Yes | No | N/A |
| 5. Unheated Areas (attics, crawl spaces, exterior wall joists) | | | |
| a. Are all domestic water lines located in areas heated to at least 45°F? | Yes | No | N/A |
| i. If no, please describe freeze prevention measures (e.g. temperature monitoring, heat trace, full insulation): | | | |
| 6. General Comments: | | | |

FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company * in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

FRAUD NOTICE STATEMENTS

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 AND SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). **(NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, RI, TN, VA, VT, WA AND WV).**

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

APPLICABLE IN COLORADO: 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.

APPLICABLE IN FLORIDA AND OKLAHOMA: 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 (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

APPLICABLE IN KANSAS: AN ACT COMMITTED BY ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO.

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APPLICABLE IN MAINE, TENNESSEE, VIRGINIA AND WASHINGTON: 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.

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NAME (PLEASE PRINT/TYPE)

TITLE
(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

SIGNATURE

DATE

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PRODUCER
(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER
(If this is a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)



CYBER SECURITY LIABILITY ENDORSEMENT – SUPPLEMENTAL QUESTIONNAIRE (FOR LIMITS \$250,000 OR LESS)

Applicant Name:

Mailing Address:

City:

State:

Zip:

Website: www:

1. Nature of Operations:

2. Annual sales or revenue: \$

3. Does the Applicant collect, store or otherwise handle any Personally Identifiable Information (PII) belonging to customers, clients, or other third parties, other than employees? Yes No
If yes, please indicate the types of Personally Identifiable Information held. (check all that apply):

Social Security Numbers, Bank or Other Financial Account Details, Driver's License or other State Identification Numbers

Non-Public Medical or Healthcare Data, including Protected Health Information (PHI)

Credit or Debit Card Information

4. a. During the last three (3) years, has anyone alleged that the Applicant was responsible for damage to their computer system(s) arising out of the operation of the Applicant's computer system(s)? Yes No

b. During the last three (3) years, has anyone made a demand, claim, complaint, or filed a lawsuit against the Applicant alleging invasion or interference of rights of privacy or the inappropriate disclosure of Personally Identifiable Information (PII)? Yes No

c. During the last three (3) years, has the Applicant been the subject of an investigation or action by any regulatory or administrative agency for privacy-related violations? Yes No

d. Is the Applicant aware of any circumstance that could reasonably be anticipated to result in a claim being made against them for the coverage being applied for? Yes No

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