



# United States Liability Insurance Group

## Storefront/Community Church Supplemental Application

### APPLICATION

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

Named Insured: \_\_\_\_\_  
 Number of current members \_\_\_\_\_ Number of members 5 years ago \_\_\_\_\_  
 Total Building Sq. Ft. \_\_\_\_\_ Parking area Sq. Ft. \_\_\_\_\_

**Liability Questions**

- 1) Circle all services that apply and provide details for each
- |                  |                          |                         |                        |                |
|------------------|--------------------------|-------------------------|------------------------|----------------|
| School           | After/Before School care | Youth/Recreation center | Day camp               | Overnight camp |
| Cemetery         | Social Hall              | Auditorium              | Mom's day out          | Craft shows    |
| Soup Kitchen     | Gymnasium                | Playground              | Athletic teams/Leagues | Pool           |
| Sponsored events | Bingo/Vegas Nights       | Fund Raising            | Bazaars                | Fair           |
| Medical ministry | Off premises activities  | Missionary              | Day trips              | Job Training   |
| Adult Daycare    | Other/Details _____      |                         |                        |                |
- 2) Is any of the premises leased/subleased to others?     Yes     No    If Yes, Details \_\_\_\_\_  
 If yes above, do they name the applicant as additional insured?     Yes     No
- 3) Any residential facility owned?     Yes     No    If Yes, Details \_\_\_\_\_
- 4) Are any products sold including food?     Yes     No    If Yes, Details \_\_\_\_\_
- 5) Is alcohol served at any function on premise?     Yes     No    If Yes, Details \_\_\_\_\_
- 6) Has there ever been a sexual or physical abuse claim or incident. . . . .  Yes     No    If Yes, Decline
- 7) Are all exit signs illuminated on premise? . . . . .  Yes     No    If No, Decline
- 8) Are there two or more means of egress from the building? . . . . .  Yes     No    If No, Decline
- 9) Any anticipated construction of new buildings or alterations to existing structures?. . . . .  Yes     No
- 10) Maximum capacity of the facility for services/events? \_\_\_\_\_
- 11) How many times/days during the week is church in operation? \_\_\_\_\_
- 12) Additional insured requests (include interest of each) \_\_\_\_\_

**Nursery and Day Care:**     None

- 1) Maximum number of children at any one time? \_\_\_\_\_ (If over 20 children complete our daycare application)
- 2) Are Criminal and background checks required for nursery employees prior to employment?     Yes     No    If no, Decline.
- 3) Are children allowed to be dropped off or pick up WITHOUT signing a Sign In/Out sheet?     Yes     No    If yes, Decline
- 4) Are trampolines or gymnastic equipment provided in the nursery?     Yes     No    If yes, Decline

**Property Questions**

- 1) Is the property value greater than \$500,000? . . . . .  Yes     No    If yes, Decline property
- 2) Is all electrical wiring on circuit breakers? . . . . .  Yes     No    If no, Decline.
- 3) Is there any aluminum wiring on the property? . . . . .  Yes     No    If yes, Decline.
- 4) Are all doors and windows locked after hours? . . . . .  Yes     No    If no, Decline.
- 5) Does the building meet applicable fire codes? . . . . .  Yes     No    If no, Decline.
- 6) Are unattended candles prohibited? . . . . .  Yes     No    If no, Decline.
- 7) Are all furnaces on at least an annual service contract? . . . . .  Yes     No    If no, Decline.
- 8) If there is a Steeple is it protected by a lightning system bearing the UL label? . . . . .  Yes     No    If no, Decline.
- 9) Are fire extinguisher accessible, inspected annually and clearly marked? . . . . .  Yes     No    If no, Decline.
- 10) Has the facility ever been protested, picketed or vandalized? . . . . .  Yes     No    If yes, Decline.
- 11) Is the building on a historical registrar . . . . .  Yes     No    If yes, Decline property
- 12) Is the property eligible according to our coastal guidelines? . . . . .  Yes     No    If No, Decline property

Construction \_\_\_\_\_ Year built \_\_\_\_\_ Protection class \_\_\_\_\_

Special form requires all utilities to be updated in the last 20 years and theft coverage requires a central station burglar alarm.

Age of roof \_\_\_\_\_ Roof  pitched or  flat    Electrical update \_\_\_\_\_ Plumbing update \_\_\_\_\_ Heating update \_\_\_\_\_

Protective devices: (check all that apply)     Smoke detectors     Local alarm     Sprinkler system covering 100% of premise

Central station burglar alarm     Central station fire alarm     Surveillance Cameras

Is there a kitchen facility     Yes     No    If yes, list equipment, age and condition of all appliances \_\_\_\_\_

Automatic extinguishing system     Yes     No    If yes, is it on a service contract     Yes     No

**Read and Sign below:**

I hereby state that the information provided and contained in this application is true and accurate to the best of my knowledge and that no material facts have been misrepresented or misstated.

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 be prosecuted to the full extent of the law.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_