



CHURCH SUPPLEMENTAL APPLICATION
(Complete in addition to Acord App)

APPLICANT INFORMATION:			
Name:			
Mailing Address:			
Policy Period:	From:		To:

PROPERTY LOCATIONS:	
Loc. No.	Street Address, City, State, Zip
1.	
2.	
3.	
4.	
5.	

GENERAL SECTION		
1.	Any policy or coverage declined, canceled or non-renewed during the prior three (3) years for any premises or operations? (Not applicable in Missouri)	○Yes ○No

PROPERTY SECTION			
1.	Is the church used on a weekly basis?	○Yes ○No	
2.	Are all buildings locked and secured during non-operational hours?	○Yes ○No	
3.	Is there a Central Station Burglar Alarm (CSBA)?	○Yes ○No	
4.	Is there a Central Station Fire Alarm?	○Yes ○No	
	Is there an Automatic Sprinkler System?	○Yes ○No	
5.	Select smoke detector type:	○ Hardwired	○ Battery
6.	Wiring – Confirm if any are present:		
	- Fuses?	○	
	- Knob & Tube?	○	
	- Aluminum Wiring?	○	
	If YES , repaired via Copalum or Alumniconn connectors?	○Yes ○No	
	Circuit Breakers: (select all that apply)		
	- Challenger	○	
	- Federal Pacific Stab-Lok	○	
	- GTE Sylvania	○	
	- Pushmatic	○	
- Zinsco	○		
- None of the above	○		
7.	Do all steeples, spires, belltowers, domes, minarets, etc. have NFPA 780 and/or UL approved lightning protection?	○Yes ○No	
8.	Are there any wood-burning stoves, space heaters or temporary heating devices?	○Yes ○No	
9.	Does the church include a commercial cooking exposure? (If residential appliances only, Automatic Extinguishing System requirement does not apply.)	○Yes ○No	
10.	Are all commercial cooking exposures protected by UL approved Automatic Extinguishing System?	○Yes ○No	
11.	Are instructions in place for handling candles during services?	○Yes ○No	
12.	Is any building on a Historic Register or include architecture that is difficult or expensive to reconstruct?	○Yes ○No	



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PROPERTY SECTION (CONTINUED)			
13.	Are there any permanently installed musical instruments?		OYes ONo
	Estimated value for permanently installed musical instruments and equipment:		\$
14.	Is there stained glass?		OYes ONo
	Estimated value for stained glass:		\$
15.	Describe any religious artifacts, texts, artwork. (Coverage not available for fine arts)		
	Description:		
	Describe safeguard measures for these items:		
16.	Is there a Parsonage? (If YES, complete Dwelling Supplemental Application and refer to Dwelling Guidelines)		OYes ONo

GENERAL LIABILITY SECTION			
1.	Total Square Footage?		
2.	Total number of Church Members/Parishioners?		
3.	Total number of employees?		
4.	Does the applicant utilize volunteers and are all volunteers submitted for a background check?		OYes ONo
5.	Does the applicant operate any parsonages, residential units for clergy? (If YES, complete Dwelling Supplemental Application and refer to Dwelling Guidelines)		OYes ONo
6.	Does the applicant operate a cemetery, mausoleum, or columbarium?		OYes ONo
7.	Does the applicant offer crematory operations?		OYes ONo
	Do all buildings contain emergency lighting and illuminated exit signs in all publicly used areas?		OYes ONo
9.	Does applicant perform full-immersion baptisms, mikveh baths, or similar rituals?		OYes ONo
10.	Are all baptism pool, mikveh bath, or similar water hazards secured from accidental entry by a gate or other protective safeguard?		OYes ONo
11.	Is there a playground on premises?		OYes ONo
12.	Are any animals used during services?		OYes ONo
13.	Does the applicant operate a rental hall or otherwise lease the premises to others?		OYes ONo
14.	Does the applicant require lessees to carry liability insurance and provide additional insured status to the applicant? (see Halls guidelines)		OYes ONo
15.	Are procedures in place to ensure adequate snow and ice removal, where applicable?		OYes ONo
16.	Are any security guards armed, regardless if contractors, volunteers, or employees?		OYes ONo
17.	Does applicant require subcontractors to carry liability insurance and provide additional insured status to the applicant?		OYes ONo
18.	Does applicant require church members and/or volunteers to carry liability insurance and provide additional insured status to the applicant when they are involved in construction, repairs, or renovations to church property?		OYes ONo



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GENERAL LIABILITY SECTION (CONTINUED)			
19.	Applicant operates any of the following services: (check all that apply)		
	Camp Operations	<input type="radio"/>	Rental Halls <input type="radio"/>
	Cowboy Church	<input type="radio"/>	Shelter (of any kind) <input type="radio"/>
	Cremation	<input type="radio"/>	Soup Kitchen <input type="radio"/>
	Day Care/Nursery Operations	<input type="radio"/>	Special Events <input type="radio"/>
	Food Pantry	<input type="radio"/>	Overnight Sponsored Trips <input type="radio"/>
	Full-Time School	<input type="radio"/>	Organized Sports Activities <input type="radio"/>
	Medical/Health Ministry	<input type="radio"/>	Other Community Services <input type="radio"/>
	Missionary Trips	<input type="radio"/>	Youth Recreation Center <input type="radio"/>
	Provide details for any services listed in the above question:		
20.	Has the organization or any of its past or present directors, officers, trustees, committee members, employees, volunteers, or other acting on behalf of the organization ever been accused of or been involved in a lawsuit, claim or criminal charge involving sexual abuse, sexual misconduct, or sexual molestation?		Yes <input type="radio"/> No <input type="radio"/>

STATE FRAUD STATEMENTS:

Arkansas: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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 claimants with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky: 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.

Louisiana: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maine: 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 denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Hampshire: Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.



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New York: 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 also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

Pennsylvania: 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 subjects such person to criminal and civil penalties.

Rhode Island: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Tennessee: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Vermont: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Virginia: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

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 include imprisonment, fines and denial of insurance benefits.

West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

The applicant agrees, represents and warrants that the statements and information contained in the application for insurance, including all statements, information and documents accompanying or relating to the application are accurate and complete and no facts have been suppressed, omitted or misstated. Failure to fully disclose the information requested in the application for insurance, whether by omission or suppression, or any misrepresentation in the statements, information and documents accompanying or relating to the application, renders coverage for any claim(s) null and void and entitles us to rescind the policy from its inception.

Signature of Applicant*: _____

Title: _____

Agency: _____

Producer Code: _____

Date: _____

***Signing this application does not bind the applicant or the company to complete the insurance**