



CARRIER:

Empty box for carrier information

Houses of Worship Application

Coverage(s) Desired: Property General liability Management liability

General Information

Applicant's name (include any DBA name): _____

Mailing address: _____

City: _____ State: _____ Zip code: _____

Website/Social media: _____ Year of formation: _____ Years at current location: _____

Inspection contact name: _____ Email: _____ Phone: _____

Description of Operations

Large empty box for description of operations

Premises Information (If there are more than three buildings, please provide the information below on a separate sheet)

	Building # _____	Building # _____	Building # _____
Usage			
Location address			
City/State/Zip			
Total square feet			

Additional Exposures (Please check all that apply, and provide additional details in the space below)

<input type="checkbox"/> Parsonage Square feet: _____	<input type="checkbox"/> Apartment Number of units: _____ Total square feet: _____	<input type="checkbox"/> Rental dwelling Number of units: _____	<input type="checkbox"/> Other residence/housing Square feet: _____ Number of units: _____ <i>*Provide details below</i>
<input type="checkbox"/> Soup kitchen Number of meals served annually: _____	<input type="checkbox"/> Food bank Square feet: _____	<input type="checkbox"/> Space leased to others Square feet: _____ <i>*Provide details below</i>	<input type="checkbox"/> Outreach activities <i>*Provide details below</i>
<input type="checkbox"/> Shelter Square feet: _____	<input type="checkbox"/> Retreats, camps, or overnight mission trips Annual number: _____ <i>*Provide details below</i>	<input type="checkbox"/> Cemetery Total acreage: _____	<input type="checkbox"/> Vacant land Total acreage: _____ <i>*Provide details below</i>

*Full details on above items and any other exposures not listed:

Four horizontal lines for providing details on exposures

Liability Information

General Liability Limits (Occurrence/Aggregate)

- \$100,000/\$200,000 \$300,000/\$600,000 \$500,000/\$1 million \$1 million/\$2 million

Optional Liability Coverages Requested (Check all that apply)

<input type="checkbox"/> Pastoral professional	<input type="checkbox"/> Hired and non-owned auto	<input type="checkbox"/> Legal defense cost reimbursement
<input type="checkbox"/> Blanket additional insured		<input type="checkbox"/> Employee dishonesty limit \$ _____
Abuse and molestation limit options: <input type="checkbox"/> \$100,000/\$300,000 (generally included) <input type="checkbox"/> \$300,000/\$600,000 <input type="checkbox"/> \$500,000/\$1 million <input type="checkbox"/> \$1 million/\$1 million		

Property Information (If there are more than three buildings, please provide the information below on a separate sheet)

Cause of loss <input type="checkbox"/> Basic <input type="checkbox"/> Special <input type="checkbox"/> Broad	Valuation <input type="checkbox"/> Actual cash value <input type="checkbox"/> Replacement cost	Deductible <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	Coinsurance <input type="checkbox"/> 80% <input type="checkbox"/> 90% <input type="checkbox"/> 100%
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(Please correlate building numbers with the premises information provided above)

	Building # _____	Building # _____	Building # _____
Construction type			
Protection class			
Original year built			
Plumbing	<input type="checkbox"/> PVC <input type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input type="checkbox"/> Lead <input type="checkbox"/> Other: _____	<input type="checkbox"/> PVC <input type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input type="checkbox"/> Lead <input type="checkbox"/> Other: _____	<input type="checkbox"/> PVC <input type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input type="checkbox"/> Lead <input type="checkbox"/> Other: _____
Roof type	<input type="checkbox"/> Flat <input type="checkbox"/> Wood shake <input type="checkbox"/> Shingle <input type="checkbox"/> Metal <input type="checkbox"/> Tile <input type="checkbox"/> Slate <input type="checkbox"/> Other: _____	<input type="checkbox"/> Flat <input type="checkbox"/> Wood shake <input type="checkbox"/> Shingle <input type="checkbox"/> Metal <input type="checkbox"/> Tile <input type="checkbox"/> Slate <input type="checkbox"/> Other: _____	<input type="checkbox"/> Flat <input type="checkbox"/> Wood shake <input type="checkbox"/> Shingle <input type="checkbox"/> Metal <input type="checkbox"/> Tile <input type="checkbox"/> Slate <input type="checkbox"/> Other: _____
Roof age	_____ years	_____ years	_____ years
Is the building fully protected by an operational sprinkler system covering 100% of the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Building limit	\$ _____	\$ _____	\$ _____
Business personal property limit	\$ _____	\$ _____	\$ _____
Central station burglar alarm monitored by a third party	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Optional Property Coverages (Check all that apply)

<input type="checkbox"/> Equipment breakdown	<input type="checkbox"/> Value plus endorsement	<input type="checkbox"/> Business income limit \$ _____
<input type="checkbox"/> Torah scrolls (\$120,000 maximum limit) \$ _____		<input type="checkbox"/> Stained glass limit \$ _____

Loss History

Have there been any losses, claims or known circumstances that could result in a claim in the past three years? Yes No

If building property coverage is requested, provide five-year loss information.

If "Yes", please provide the following information; additional claims or information may be submitted on separate sheet.

Coverage Type	Date of Loss	Description of Loss	Paid	Reserved	Status
<input type="checkbox"/> Property <input type="checkbox"/> Liability			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Property <input type="checkbox"/> Liability			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Property <input type="checkbox"/> Liability			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed

I. ELIGIBILITY CRITERIA

1. Are there past, pending or planned foreclosures and/or bankruptcies or judgments for unpaid taxes against the named insured or any officer, partner, member or owner individually within the past five years? Yes No
2. Do all public areas, occupancies and/or habitational units have functional and operational smoke and/or heat detectors? Yes No
3. Has insurance coverage been canceled or nonrenewed in the past three years? *(not applicable in Missouri)* Yes No
If "Yes", please provide the reason: _____
4. Does any building built prior to 1978 have aluminum wiring or knob and tube wiring? Yes No
5. For any building built prior to 1978, is 100% of the wiring on functional and operational circuit breakers? Yes No

General Liability

6. Are there at least two means of egress (exits) for every floor with public access? Yes No
7. Do operations include a commercial childcare center, a grade/high school, a convent, a monastery, missionary housing, a retreat house, a retreat center or a campground? Yes No
8. Does the organization engage in any international travel or activities? Yes No
9. Have there been any incidents of alleged molestation or abuse in the past, or are there any currently under investigation? Yes No
10. Are all exit signs on the premises illuminated? Yes No
11. Are any renovations or other construction projects anticipated in the next 12 months? Yes No
12. Is designated in-house or external security personnel used to respond to intruders, violent incidents or other similar threats? Yes No
13. Is there a parsonage for clergy members? If "Yes", please confirm the following: Yes No
 - a. Is the parsonage completely or partially vacant? N/A Yes No
 - b. Is the parsonage used exclusively for residential purposes by your clergy or other religious members? N/A Yes No
14. Do all habitational units have functioning and operational carbon monoxide detention alarms if required by the law or code of the municipality in which the building is located? Yes No
15. Other than clergy members who live on premises, are any individuals (including church members or volunteers) permitted to stay inside the building or outside on the premises overnight? Yes No

Abuse and Molestation Liability

16. Does the organization conduct reference checks, criminal background checks and sex offender screenings that comply with state frequency requirements on all employees and volunteers who supervise or provide services to participants or who interact with minors? Yes No
17. Does the organization hire any applicants or volunteers with a sexual abuse, sexual molestation or sexual misconduct allegation, conviction, charge or lawsuit against them? Yes No
18. Does the organization have a process in place for current employees and volunteers to report any new allegations, charges or investigations related to abuse or misconduct? Yes No
19. Has the organization experienced any actual or alleged abuse or molestation incidents, or are there any currently under investigation? Yes No
20. Is there documented annual mandatory sexual abuse training for employees and volunteers who have contact with minors that includes recognizing the signs of abuse and how to report incidents or accusations of abuse? Yes No
21. Does the organization ever allow only one employee or volunteer to be present with a minor (other than on-site pastoral counseling)? Yes No
22. Does the organization monitor activity on all electronic devices made available to minors and set parental controls and privacy settings to prevent inappropriate online behavior, including outside contact? Yes No

Pastoral Professional Liability

- 23. Does the organization have more than five pastors/clergy on staff at any one location? Yes No
- 24. Are there procedures in place to protect the confidentiality of members? Yes No
- 25. Are there any prior allegations, claims or suits as a result of counseling services? Yes No

Hired and Non-owned Auto Liability

- 26. Is there a commercial auto insurance policy in force? Yes No
- 27. Are employees or volunteers required to use their personal automobiles to conduct the applicant's business on a regular basis? Yes No
- 28. Are vehicles used to transport people or deliver goods or products on a regular basis? Yes No

II. MANAGEMENT LIABILITY COVERAGES (Directors and Officers and Employment Practices Liability)

- 29. Is any entity proposed for insurance involved in research, development or testing? Yes No
- 30. Is any entity proposed for insurance involved in certification, accreditation or standard-setting? Yes No
- 31. Is any entity proposed for insurance involved in disciplinary actions as a result of peer review activities? Yes No
- 32. Has any entity proposed for insurance closed, downsized, laid off or reduced staff, or sold, merged with, or acquired any company in the past 12 months, or does any entity anticipate doing so in the next 12 months? Yes No
- 33. Has the applicant separated or does the applicant plan on separating from their parent organization/governing body? Yes No
- 34. Does the applicant have any subsidiaries requiring coverage?
If "Yes", please complete the Nonprofit Subsidiary Addendum (NPSADD). Yes No
- 35. Does the organization currently carry general liability insurance? Yes No
- 36. Is any entity proposed for insurance involved in administration or sponsorship of any insurance programs? Yes No
- 37. Does the organization have tax exempt status by the IRS? Yes No
- 38. Has any policy for directors and officers or employment practices liability ever been canceled or nonrenewed? *(Not applicable in Missouri)* Yes No
- 39. Does the organization perform any operations located outside the U.S.? Yes No

If "Yes", please provide the reason: _____

- 40. Is any entity proposed for insurance involved in labor/union negotiations or collective bargaining? Yes No
- 41. Total number of employees: Full time: _____ Part time: _____ Volunteers: _____

42. Please provide the following financial information for the past three (3) years. (If the organization has been in existence for less than three years, please provide a budgeted revenue/expense statement for the next three years.)

Year	Total Revenues	Net Income (Loss)	Current Fund Balance*
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

*Fund balance = total assets - total liabilities

- 43. Has the applicant or any person proposed for coverage (whether or not in the service of the applicant) been the subject of or been involved directly or indirectly in any civil, criminal, regulatory, legislative or administrative proceeding(s)? Yes No
- 44. Within the past five years, has any inquiry, complaint, notice of hearing, claim or suit been made (including but not limited to the Equal Employment Opportunity Commission, state human rights boards, municipal, state or federal regulatory authorities) against the organization or any person proposed for insurance in the capacity of director, officer, trustee, employee or volunteer of the organization?
If "Yes", please forward a completed USLI supplemental claims application. Yes No
- 45. Is any person proposed for this insurance aware of any fact, circumstance or situation that may result in a claim against the organization or any of its directors, trustees, officers, employees or volunteers?
If "Yes", please forward a completed USLI supplemental claims application. Yes No

FRAUD STATEMENTS

Alabama, Arkansas, District of Columbia, New Mexico, Rhode Island and 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.

California: For your protection California law requires the following to appear on this application. Fraud Statement: 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 Fraud Statement: 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.

Florida Fraud Statement: 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 of the third degree.

Kansas Fraud Statement: 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; or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of a crime and may be subject to fines and confinement in prison.

Maine Fraud Statement: 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

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

Ohio Fraud Statement: Any person who, with 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 Fraud Statement: 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 Fraud Statement: Notice to Oregon applicants: Any person who, with 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 may be guilty of insurance fraud.

Kentucky and Pennsylvania Fraud Statement: 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.

Tennessee, Virginia and Washington Fraud Statement: 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.

Fraud Statement (All Other States): 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 may be guilty of a crime and may be subject to fines and confinement in prison.

STATE NOTICES

Arizona Notice: Misrepresentations, omissions, concealment of facts and incorrect statements shall prevent recovery under the policy only if the misrepresentations, omissions, concealment of facts or incorrect statements are; fraudulent or material either to the acceptance of the risk, or to the hazard assumed by the insurer or the insurer in good faith would either not have issued the policy, or would not have issued a policy in as large an amount, or would not have provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known to the insurer as required either by the application for the policy or otherwise.

Florida Surplus Lines Notice: (Applies only if policy is non-admitted) You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

Florida and Illinois Punitive Damage Notice: I understand that there is no coverage for punitive damages assessed directly against an insured under Florida and Illinois law. However, I also understand that punitive damages that are not assessed directly against an insured, also known as "vicariously assessed punitive damages", are insurable under Florida and Illinois law. Therefore, if any Policy is issued to the Applicant as a result of this Application and such Policy provides coverage for punitive damages, I understand and acknowledge that the coverage for Claims brought in the State of Florida and Illinois is limited to "vicariously assessed punitive damages" and that there is no coverage for directly assessed punitive damages.

Maine Notice: The insurer is not permitted to withdraw any binder once issued, but a prospective notice of cancellation may be sent and coverage denied for fraud or material misrepresentation in obtaining coverage. A policy may not be unilaterally rescinded or voided.

Minnesota Notice: Authorization or agreement to bind the insurance may be withdrawn or modified only based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days' notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

Ohio Representation Statement: By acceptance of this policy, the Insured agrees the statements in the application (new or renewal) submitted to the company are true and correct. It is understood and agreed that, to the extent permitted by law, the Company reserves the right to rescind this policy, or any coverage provided herein, for material misrepresentations made by the Insured. It is understood and agreed that the statements made in the insurance applications are incorporated into, and shall form part of, this policy. **THE INSURED UNDERSTANDS AND AGREES THAT ANY MATERIAL MISREPRESENTATION OR OMISSION ON THIS APPLICATION WILL ACT TO RENDER ANY CONTRACT OF INSURANCE NULL AND WITHOUT EFFECT OR PROVIDE THE COMPANY THE RIGHT TO RESCIND IT.**

Utah Punitive Damages Notice: I understand that Punitive Damages are not insurable in the state of Utah. There will be no coverage afforded for Punitive Damages for any Claim brought in the State of Utah. Any coverage for Punitive Damages will only apply if a Claim is filed in a state which allows punitive or exemplary damages to be insurable. This may apply if a Claim is brought in another state by a subsidiary or additional location(s) of the Named Insured, outside the state of Utah, for which coverage is sought under the same policy.

If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.

Retail agency name: _____ License #: _____

Agent's signature: _____ Main agency phone number: _____

(Required in New Hampshire)

Agency mailing address: _____

City: _____ State: _____ Zip: _____

The signer of this Application acknowledges and understands that the information provided herein is material to the Company's acceptance of the risk and issuance of the requested policy. The signer of this Application represents that the information provided herein is true and correct in all matters. Any changes in the information represented in this Application occurring prior to the effective date of a policy shall be promptly reported to the Company in which case, the Company has the right to modify or withdraw any quote or binder issued based on such changes. The Company has the right but not the obligation to investigate any representation(s) in this Application. A decision by the Company not to investigate shall not estop the Company from relying on this Application in issuing a policy. It is agreed that this Application and any material submitted therewith, including but not limited to any supplemental Application(s), shall be the basis of any policy that is issued.

New York Fraud Statement: 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.

Applicant's signature: _____ Title: _____

President, Chairperson of the Board, Managing Member, or Executive Director

Date: _____



Privacy Notice At Collection

We may need to collect certain personal information to provide you with our services and products. For information on how we store, use and protect personal information, please see our Privacy Policy accessible on our website, <https://www.usli.com/privacy-policy/>.