

5. Does church lease premises to the general public for social events or sports events? Yes No. If yes please respond to the following:
- a. Do you require the lessee to carry insurance? Yes: No:
 - b. Do you require the lessee to name the church as an additional insured on the lessee's policy? Yes: No:

6. Does the church have any type of recreational facilities? Yes: No:
If so what are they and how are they supervised?

7. Does your facility offer any type of regular daycare operation? Yes: No:
- a. If yes, do you or your tenant have an insurance policy in place? Yes: No:
 - b. If no, please fill out and submit our Day Care Center or Pre-School Supplemental, CSL 7002

8. Does your church offer a "soup kitchen"? Yes: No:

9. Does the church offer a youth group program? Yes: No:
- a. If so, what is the age range of the children
 - b. Who runs the youth group?
 - c. How many on average attend each week?

10. Does the church offer any of the following services:

Overnight Camps	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Services	<input type="checkbox"/> Yes <input type="checkbox"/> No
Adult Daycare	<input type="checkbox"/> Yes <input type="checkbox"/> No	Gymnasium	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rooming House	<input type="checkbox"/> Yes <input type="checkbox"/> No	Job Training	<input type="checkbox"/> Yes <input type="checkbox"/> No
Missionary Trips	<input type="checkbox"/> Yes <input type="checkbox"/> No	Swimming Pool Facilities	<input type="checkbox"/> Yes <input type="checkbox"/> No
Field Trips	<input type="checkbox"/> Yes <input type="checkbox"/> No		

11. Has the church ever had a sexual or physical abuse claim or incident? Yes: No:
If yes, please furnish details:

12. Do you conduct criminal background and reference checks for all employees? Yes No
13. Do you have an employee and volunteer program that includes training in abuse awareness? Yes No
Do all employees receive copies of this written policy? Yes No
14. Do you require that no minor is ever alone with only one adult in any church-sponsored activity? Yes No
15. Have any of your past or present ministers, employees, volunteers ever been accused, charged, convicted, had a claim for damages submitted against, or sued in civil court for any type of sexual misconduct? Yes No
If yes-identify the person and submit complete details of the situation.

16. What type of fund raising activities does your church conduct?

17. Does the insured ever use animals in any their religious services? If so, what type of animal and how are they used?

Pastoral Counseling:

1. Does any staff member provide counseling services Yes No

If so, what type of counseling service is offered:

- i. Marriage
- ii. Substance Addiction/Abuse
- iii. Therapy
- iv. Other

- 2. What training has the staff member had qualifying them for this training?
- 3. Are clients referred to specialists when appropriate? Yes No
- 4. Have all clergy and/or counselors completed their degree at an accredited theological seminary? Yes No
- 5. Are records of counseling sessions kept in a locked cabinet? Yes No
- 6. Who has access to these records?
- 7. Is counseling offered to anyone outside the church congregation? Yes No
- 8. Does the pastor/counselor receive income for this counseling? Yes No
- 9. Where are the counseling sessions held?
- 10. Has the church or counselor had any claim or suit brought against them as a result of counseling activities?
 Yes No

If yes, please furnish details:

11. Does the counseling area/room have glass in door or walls? Yes No

Property:

Locations

Street Address if different from Mailing Address and/or more than one building or location:

- 1.
- 2.

Building Information

	Loc. #1	Loc. #2		Loc. #1	Loc. #2
Occupancy/Use? -See* below			Is bldg. on Historical Register-Local, State or National?		
Is building converted? If yes what was original occupancy			Distance between buildings?		

* **Church, Rectory, Dwelling, Convent, Monastery, Mausoleum, School, Day Care, Other (describe)**

Additional Information:

ANSWER ALL QUESTIONS – IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE (NA)

1. Are candles ever used? Yes No

If yes, when?

Are unattended candles prohibited? Yes No

How are they stored when not in use?

2. Does the church have a steeple? Yes No

If yes, is it protected by a lightning system bearing the UL label and grounded? Yes No

3. Is there commercial cooking equipment? Yes No

How often is it used?

Is there a hood and duct? Yes No

Is there an automatic extinguishing system? Yes No

If yes, is it on a semi-annual service contract? Yes No; Other:

Crime – Form Q – Robbery & Safe Burglary, Money and Securities Only:

1. Does insured have poor boxes on premises?

If "Yes", how often are they emptied?

2. Are checks immediately stamped "For Deposit Only?" Yes No

3. How often are bank deposits made every week?

4. Where is the money kept before the deposit is made?

5. Is there an on-premises safe? Yes No

6. Are there regular audits of the church's financial statements? Yes No

Inland Marine:

1. Any building with stained glass? Yes No

If yes, which building(s)

What is the value of the stained glass?

How is the stained glass protected?

2. Any religious artifacts, artwork and other valuables located inside or outside of premises? Yes No

If yes, attach a description and value of each piece – include any appraisals. An appraisal is required if valued over \$5,000 per item.

Where are the above items stored?

How are they protected?

3. Is there an organ or other musical instruments? Yes No

Describe and indicate its value:

PRODUCER’S NARRATIVE:

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

The applicant, Agent, and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

FRAUD WORDING:

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.

Applicant: _____ Producer: _____

Signature: _____ Signature: _____

Date: _____ Date: _____