



RELIGIOUS ORGANIZATION SUPPLEMENTAL APPLICATION

Pages 1- 7 must be completed on all submissions.

- 1. If you own or operate a camp, complete Page 8.**
- 2. If you operate a school, complete Page 9.**
- 3. If you sponsor fund raising events, complete Page 10.**
- 4. If you have security guards, complete page 11.**
- 5. If you need D & O and EPLI coverage, complete pages 12 & 13.**

ATTACH THE FOLLOWING:

- ACORD Applications, including Crime (2000) and Umbrella
- Statement of Values if Blanket or Agreed Value on Property
- Loss Runs for Current Year and 3 Prior Years
- Photograph of House of Worship (Front and Rear)

Named Insured:

Specific Denomination:

Mailing Address:

501-(c)-3? Yes No

Number of Members / Parishioners:

City: State: Zip:

Website Address:

LIFE SAFETY

Do all of your 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: | | |
| Hard Wired? | Yes | No |
| Battery Operated? | Yes | No |
| 3. Emergency Lighting? | Yes | No |
| 4. Sprinklers? | Yes | No |
| 5. Are evacuation routes posted throughout the building? | Yes | No |
| 6. Do you have minimal of 2 means of egress per building? | Yes | No |

PROPERTY

- | | | |
|---|-----|----|
| 1. Are any of the buildings occupied by other than what originally built for? | Yes | No |
| If "Yes", list locations and describe renovation work: | | |
| | | |
| 2. Are any of your buildings on a Historical Register? | Yes | No |
| If "Yes", please list locations and provide an appraisal: | | |
| | | |
| 3. If there is cooking on premises, describe exposure and protections: | | |
| | | |
| 4. Does the property have aluminum wiring? | Yes | No |
| If "yes", has it been retrofitted with one of the PHLY 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. | | |

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 |
| Description and value: | | |

GENERAL LIABILITY

- | | | |
|--|-----|----|
| 1. Is a nursery available during scheduled house of worship activities? | Yes | No |
| Number of days per week nursery is provided: | | |
| 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. Do you 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 your organization: | | |
| 5. Do you 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. Do you obtain a certificate of insurance for the lessee's Commercial General Liability policy? | Yes | No |
| 8. a. Do you have any Foreign Travel Exposure within the next 12 months? | Yes | No |
| b. Do you have a Foreign Liability Policy in place? | Yes | No |
| c. Do you 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 Insured require all participants or guardians (if minors involved) to sign a wavier of Liability prior to participating? | Yes | No |
| c. Does Insured require evidence of participants' personal liability insurance? | Yes | No |
| d. Does the insured obtain an Accident and Health Policy? | Yes | No |
| If "Yes", what limit: \$ | | |
| 10. Do you now use or plan, in the future, to use swimming facilities? | Yes | No |
| a. Is the pool: Owned/operated by the insured, or Operated by other than the insured? | | |
| 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? If no, provide time table and action plan: | Yes | No |
| 12. Ratio of staff to child when at pools: | | |
| 13. Do you own or have access to a playground area? | Yes | No |
| a. Is the area fenced? Yes No b. Are any trampolines present? | Yes | No |
| c. Describe playground equipment and surfaces: | | |

PROFESSIONAL LIABILITY

1. Does your 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, Pastors, etc. | | | Teachers | | |
| Counselors | | | Camp Counselors | | |
| Nurses | | | Other: | | |
| Volunteers | | | | | |
3. What type of counseling is performed by the insured's clergy, rabbis, pastors, etc.? Yes No
Alcohol Marriage Religious Drugs Pregnancy Other:
 4. Have all clergy, rabbis, pastors, etc. completed their degree at an accredited theological seminary? Yes No
If "No", describe training clergy, rabbis, pastors, etc. underwent?
 5. Do you verify license, education and other credentials for all counselors? Yes No
 6. Is the house of worship or clergy, rabbis, pastors 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? Yes No
If "Yes", please describe:
 7. Do you use contracted counseling providers? Yes No
 8. Are certificates of malpractice liability insurance obtained and maintained for all contracted counseling 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

CRIME

1. Does insured 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 # used and screening required of same. #

AUTOMOBILE

1. Do you require employees and volunteers to carry and show evidence of personal insurance? Yes No
2. Describe use of non-company vehicles:
3. Do you provide transportation services? Yes No
4. If "yes", do you 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 your vehicles used? Daily Weekly Monthly Other:
10. Estimated yearly mileage:

PRODUCER'S NARRATIVE:

ABUSE AND MOLESTATION

- | | | |
|--|-----|----|
| 1. Does your employment process include verification of whether the individual has ever been convicted of any crime, including sex related or child-abuse related offenses, before an offer of employment is made? | Yes | No |
| 2. Do you utilize an application for volunteers? | Yes | No |
| If "Yes", does it include questions about whether the individual has ever been convicted for any felony, including sex-related and / or child abuse related offenses? | Yes | No |
| If "No", completely describe your screening process and guidelines applicable to volunteers: | | |
| | | |
| 3. Do you conduct criminal background and reference checks for all employees? | Yes | No |
| If "No", please explain: | | |
| | | |
| 4. Do you conduct criminal background and reference checks for all volunteers? | Yes | No |
| If "No", please explain: | | |
| | | |
| 5. Is there a new employee and volunteer orientation program that includes training in abuse awareness? | Yes | No |
| 6. Do you 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 your care overnight? | Yes | No |
| 10. Have any of your 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? | Yes | No |
| If "Yes", identify the person and submit a detailed written account. | | |
| 11. Has your organization ever had an incident which resulted in an allegation of sexual abuse? | Yes | No |
| If "Yes", please describe: | | |
| a. Was a claim made against the organization? | Yes | No |
| If "Yes", please describe: | | |
| | | |
| b. Was a claim made against any employee(s)? | Yes | No |
| If "Yes", please describe: | | |
| | | |
| c. Was the case settled? | Yes | No |
| If "Yes", please explain: | | |
| | | |
| 12. Does your 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

DAY CARE

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

- Based on the **maximum number** of children enrolled on your 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).

CHILD AGE GROUP	NUMBER OF CARE PROVIDERS		NUMBER OF CHILDREN
	MALE	FEMALE	
Less than 18 Months			
18 – 30 Months			
31 Months – 4 Years			
Above 4 Years			
Before School Program			
After School Program			

- Is anyone on staff under 18 years old? Yes No
- Is a minimum of one staff member certified in First Aid present at all times? Yes No
- Does your center exit directly to the outside?
To ground level? Yes No
- Do the bathroom doors lock? Yes No
- Can they be unlocked from the outside? Yes No
- How often are evacuation drills performed?
- Please describe your child release procedures:

HEALTH:

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

SPECIAL ACTIVITIES:

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

FRAUD NOTICE STATEMENTS

NOTICE TO APPLICANTS: "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 MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

RESIDENTS OF ALASKA APPLICANTS: "A PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE AN INSURANCE COMPANY FILES A CLAIM CONTAINING FALSE, INCOMPLETE OR MISLEADING INFORMATION MAY BE PROSECUTED UNDER STATE LAW."

RESIDENTS OF ARKANSAS APPLICANTS: "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."

RESIDENTS OF ARIZONA APPLICANTS: "FOR YOUR PROTECTION ARIZONA LAW REQUIRES THE FOLLOWING STATEMENT TO APPEAR ON THIS FORM. ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

RESIDENTS OF COLORADO APPLICANTS: "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."

RESIDENTS OF DISTRICT OF COLUMBIA APPLICANTS: "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."

RESIDENTS OF FLORIDA RESIDENTS APPLICANTS: "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."

RESIDENTS OF KANSAS APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON 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 STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY 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, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES."

RESIDENTS OF KENTUCKY APPLICANTS: "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."

RESIDENTS OF LOUISIANA APPLICANTS: "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."

RESIDENTS OF MAINE APPLICANTS: "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."

RESIDENTS OF MARYLAND APPLICANTS: "ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

RESIDENTS OF MINNESOTA APPLICANTS: "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST ANY INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

RESIDENTS OF NEW JERSEY APPLICANTS: "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

RESIDENTS OF NEW MEXICO APPLICANTS: "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."

RESIDENTS OF NEW YORK APPLICANTS: "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."

RESIDENTS OF OHIO APPLICANTS: "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST ANY INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

RESIDENTS OF OKLAHOMA APPLICANTS: "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."

RESIDENTS OF OREGON APPLICANTS: "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, MAY BE VIOLATING STATE LAW."

RESIDENTS OF PENNSYLVANIA APPLICANTS: "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."

RESIDENTS OF TENNESSEE APPLICANTS: "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."

RESIDENTS OF TEXAS APPLICANTS: IF A LIFE, HEALTH AND ACCIDENT INSURER PROVIDES A CLAIM FORM FOR A PERSON TO USE TO MAKE A CLAIM, THAT FORM MUST CONTAIN THE FOLLOWING STATEMENT OR A SUBSTANTIALLY SIMILAR STATEMENT: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON."

RESIDENTS OF VERMONT APPLICANTS: "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."

RESIDENTS OF VIRGINIA APPLICANTS: "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 AND DENIAL OF INSURANCE BENEFITS."

RESIDENTS OF WASHINGTON APPLICANTS: "IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSES OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS."

RESIDENTS OF WEST VIRGINIA APPLICANTS: "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."

Name (Please Print/Type)

Title

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

Signature

Date

The above signed warrants that he/she is authorized and has the power to complete and execute this Application, including the Warranty Statement on behalf of the **Applicant** and their respective Directors, Officers or other insured persons.

Produced By: (Section to be completed by Producer/Broker)

Producer

Agency

Producer License Number

Agency Taxpayer ID or SS Number

Address (Street, City, State, Zip)

CAMPS

- | | | |
|---|-----|-----------------------|
| 1. Is camp owned by insured? | Yes | No |
| If "No", is a certificate of insurance required from owner? | Yes | No |
| 2. Is camp accredited by ACA? | Yes | No |
| 3. Is camp accredited by CCI? | Yes | No |
| 4. If "No" to questions #2 & #3, 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 insured 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 activities? | Yes | No |
| If "Yes", please attach a copy for all applicable activities. | | |
| 16. Are there any certified medical personnel (Doctors or Nurses) on premises during camp? | Yes | No |
| If "Yes", how many: Doctors: Nurses: Other: | | |
| If "Yes", do all certified personnel have their own professional liability insurance with minimum limit of \$500,000? | Yes | No |
| If "No", please explain medical procedures: | | |
| | | |
| 17. What percent of campers have special needs? | | % |
| 18. List the campers' types of disabilities: | | |
| | | |

Producer	(Signature/Date)	(Printed)
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Applicant	(Signature/Date)	(Printed)
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SCHOOLS

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 your 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 your state permit corporal punishment? | Yes | No |

DORMITORIES:

- | | | |
|---|-----|----|
| 1. How many dormitory buildings are owned by your 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. Do you 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? | | |

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:		

Producer	(Signature/Date)	(Printed)
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Applicant	(Signature/Date)	(Printed)
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FUND RAISING

1. Do you operate or sponsor any events that involve the following exposures? Check all that apply.

Parades	Carnivals and Fairs with Mechanical Rides
Aircraft	Rock, Hip-Hop or Rap Concerts
Motorcycle Runs and Automobile Rallies	Events including Contact Sports
Fireworks	Rodeos
Firearms	Political Rallies
Animals	

2. Do you have any event lasting more than 5 days (including otherwise acceptable events)? Yes No
3. Do you have any event with greater than 500 people at any one time (including otherwise acceptable events)? Yes No
4. Do you 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 you will we 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. Do you operate or sponsor any event with a swimming exposure? Yes No
 If "Yes":

Are lifeguards on duty?	Yes	No
Are they hired by our insured at 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 our insured?	Yes	No

8. Do you operate or sponsor any event where alcohol being served? Yes No
 If "Yes":

Are bartenders hired by our insured at place event is being held?	Yes	No
Are they trained in T.I.P.P.S.?	Yes	No
How is the drinking limited?		
For example: are tickets given out?	Yes	No
Certificate received by our insured?	Yes	No

9. Do you operate or sponsor any event were a sporting activity is being held? Yes No
 If "Yes":

Which sport?	Yes	No
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

Producer	(Signature/Date)	(Printed)
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Applicant	(Signature/Date)	(Printed)
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SECURITY QUESTIONNAIRE

1. Describe the nature of security services provided:

2. Provide # of each type of guard, estimated weekly hours utilized, functions and if armed:

Type	# of	Hours Worked	Armed? / Weapon Type?	Functions performing
Employees:				
Volunteers:				
Off Duty Police:				
Subcontractors:				
Other:				

3. Does the Insured have a written Security Handbook? Yes No
If "Yes", provide copy of same.
4. Does the insured 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 insured? Yes No
Are copies of same kept on file at insured's premises? Yes No
8. Are any firearms stored on the insured'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 insured named as an additional insured on the Sub-contractors' policy? Yes No
10. If Off Duty Police Officers, are their superiors made aware of their moonlighting services? Yes No
11. Attach copy of written contract insured has with any security personnel.

 Producer (Signature/Date) (Printed)

 Applicant (Signature/Date) (Printed)

THIS SECTION IS AN APPLICATION FOR A CLAIMS MADE POLICY. PLEASE READ YOUR POLICY CAREFULLY.

DIRECTORS & OFFICERS LIABILITY INFORMATION

1. Does the Applicant have a tax-exempt status under the U.S. Internal Revenue Code? Yes No
If "no", provide an explanation:

FINANCIAL INFORMATION	CURRENT FISCAL YEAR	PREVIOUS FISCAL YEAR
Total Assets:	\$	\$
Net Assets / Fund Balance:	\$	\$
Annual Revenue:	\$	\$
Net Revenue:	\$	\$

3. Provide a list of all direct and indirect subsidiaries or any other entity or organization the Applicant controls:

Name / Type of Business	Percent the Applicant Owns/Controls	Date Created / Acquired	For Profit / Non-Profit
I.E.: ABC Foundation / Charitable Foundation	100%	01/01/2000	Non-Profit

Additional entities listed by attachment.

4. Has the Applicant or any person proposed for coverage herein been the subject of, or involved in, any of the following in the past five (5) years? If yes, please attach details. Yes No
- Any disciplinary action by any regulatory agency or association? Yes No
- Any administrative proceeding charging violation of a federal or state law or regulation? Yes No
- Any other criminal actions? Yes No

EMPLOYMENT PRACTICE LIABILITY INFORMATION:

1. Please provide the following employee count information:
U.S. based employees:
Total Full-Time: Total Part-Time:
Volunteers: Temporary:
Leased: Total Non-U.S. based employees:
TOTAL SUM OF ABOVE:
2. Is any reduction of employees or change of status anticipated in the next year?
Voluntary: Involuntary: Layoffs:
3. Does the Applicant have an employment handbook? Yes No
4. Does the Applicant use an employment application for every potential employee? Yes No
5. Does the Applicant use outside employment counsel for employment advice? Yes No

CURRENT COVERAGE:

COVERAGES	Insurance Company	Limit of Liability	Deductible	Policy Effective Dates	Premium
D & O		\$	\$		\$
EPLI		\$	\$		\$
Fiduciary		\$	\$		\$
Workplace Violence		\$	\$		\$
Internet Liability		\$	\$		\$

Retro Date:

Pending & Prior Acts Date:

WARRANTY INFORMATION:

1. With respect to this coverage, has any Underwriter refused, canceled or non-renewed coverage?
(Not Applicable in Missouri) Yes No
 If yes, please provide details:
2. As of this date, or the date on which the Applicant first applied for prior similar coverage and has maintained such prior similar coverage continuously in force, no person applying for this coverage is/was aware of any facts or circumstances which he or she has reason to suppose might give rise to a future claim that would fall within the scope of any of the proposed coverages for which the Applicant has applied, except: None or as noted below:
3. Have any claims, suits, or demands for arbitration that would fall within the scope of the proposed insurance been made against the Applicant, its predecessor(s) or any past or present principal, partner, officer or employee within the past five (5) years? None or as noted below:

With regard to questions 2. and 3., it is understood and agreed that if any such claim, act, error, omission, dispute or circumstance exists, then such claim and/or claims arising from such act, error, omission, dispute or circumstance is excluded from coverage that may be provided under this proposed insurance and, further, failure to disclose such claim, act, error, omission, dispute or circumstance may result in the proposed insurance being void, and/or subject to rescission.

The Undersigned warrants that to the best of his/her knowledge and belief the statements set forth herein are true. The Undersigned further declares that any occurrence or event that takes place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Underwriter. The Underwriter may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The Underwriter is hereby authorized to make any investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The signing of this Application does not bind the Undersigned to purchase the insurance, nor does the review of this Application bind the insurance company to issue a policy. It is agreed that this Application shall be the basis of the contract should a policy be issued.

Name (Please Print)

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

Signature

Date

The above signed warrants that he/she is authorized and has the power to complete and execute this Application, including the Warranty Statement on behalf of the **Applicant** and their respective Directors, Officers or other insured persons.