

Church Program Supplemental Questionnaire
General Agency

Notice: This Questionnaire becomes part of the policy and must be signed in ink by the President, Owner or Authorized Representative of the Applicant.
Any coverage we issue is due to the reliance of the truth and accuracy of the statements in this Questionnaire.
This document must be completed in addition to the ACORD Application.

General Information:

1. Named of Applicant: _____
2. Address _____
3. Web Address _____
4. What year did you take over management of this institution? _____
5. Denomination _____
6. Size of Congregation _____
7. Loss information for the last three to five years? _____

Safety Information:

1. Does the facility have the following?

a. Fire Alarms:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, are they	Local Alarm <input type="checkbox"/>	Central Station <input type="checkbox"/>
b. Smoke Detectors	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, are they	Hard Wired <input type="checkbox"/>	Battery Operated <input type="checkbox"/>
c. Burglar Alarms	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, are they	Local Alarm <input type="checkbox"/>	Central Station <input type="checkbox"/>
d. Emergency Lighting			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
e. Are All Exits Illuminated			Yes <input type="checkbox"/>	No <input type="checkbox"/>	

2. Are evacuation routes posted throughout the building? Yes No
3. Are there two or more means of egress from the building? Yes No
4. Are all stairs and walkways clear of snow and ice prior to meetings or church services? Yes No
5. Is the building wiring aluminum? Yes No If yes Single Strand or Multi Strand?
6. Is the building wiring composed of: Circuit Breakers? Fuses? Knob & Tube?
7. Does the insured have the following:

a. Wood Burning Stove?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	if yes, when was it last cleaned? _____
b. Wood Burning Fire Place:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	if yes, when was it last cleaned? _____

General Liability:

1. What is the number of pastors? _____
2. Is a nursery available during scheduled church activities? Yes No If yes please answer the following:
 - a. Is the staff voluntary or employees of the church Yes No
 - b. How many days in a week is this service provided? _____
 - c. What is the average number of children using this service? _____
 - d. Ages of children in nursery? _____

Church Program Supplemental Questionnaire
General Agency

3. Does the church offer any type of shelter for homeless, abused women, etc. Yes No .
- If yes, please describe: _____
4. List any community service your church offers. _____
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
14. Do all employees receive copies of this written policy? Yes No
15. Do you require that no minor is ever alone with only one adult in any church-sponsored activity? Yes No
16. 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. _____
17. What type of fund raising activities does your church conduct? _____
18. 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
2. If so, what type of counseling service is offered:
 - a. Marriage
 - b. Substance Addiction/Abuse
 - c. Therapy
 - d. Other
3. What training has the staff member had qualifying them for this training? _____
4. Are clients referred to specialists when appropriate? Yes No
5. Have all clergy and/or counselors completed their degree at an accredited theological seminary? Yes No
6. Are records of counseling sessions kept in a locked cabinet? Yes No
7. Who has access to these records _____
8. Is counseling offered to anyone outside the church congregation? Yes No
9. Does the pastor/counselor receive income for this counseling? Yes No
10. Where are the counseling sessions held? _____
11. Has the church or counselor had any claim or suit brought against them as a result of counseling activities?
12. Yes No
13. If yes, please furnish details _____
14. 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? _____
2. Are unattended candles prohibited? Yes No
3. How are they stored when not in use? _____
4. Does the church have a steeple? Yes No
5. If yes, is it protected by a lightning system bearing the UL label and grounded? Yes No
6. Is there commercial cooking equipment? Yes No
7. How often is it used? _____
8. Is there a hood and duct? Yes No
9. 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
2. If yes, which building(s) _____
What is the value of the stained glass? _____ How is the stained glass protected? _____
3. 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? _____
4. Is there an organ or other musical instruments? Yes No Describe and indicate its value: _____

PRODUCER'S NARRATIVE:

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 and subjects that person to criminal and/or civil penalties (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties). (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation). **(Other state specific notifications shown below).**

Applicable in AL, AR, AZ, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines or confinement in prison.

Applicable in 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 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.

Applicable in Florida and Oklahoma: 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 (In FL, a person is guilty of a felony of the third degree).

Applicable in Kansas: 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 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 commits a fraudulent insurance act.

Applicable in Maine, Tennessee, Virginia and 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 may include imprisonment, fines or a denial of insurance benefits.

Applicable in 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.

Completion of this form does not bind coverage or commit the Company to policy issuance.

Applicant: _____

Producer: _____

Signature: _____

Date: _____

Producer Signature: _____