



8722 S. Harrison St. Sandy, UT 84070
P.O. Box 4439 Sandy, UT 84091
877-585-2853 • Fax 877-585-2854

CHURCH/SYNAGOGUE

General Information

Proposed Effective Date: _____

Church/Synagogue Name: _____

Name of person completing application/relationship to entity: _____

Entity Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ County: _____

Business Telephone Number: () _____ Fax: () _____

Physical Location of Business (if different): _____

Population within 50 miles: _____

Other Locations Used:

Physical Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Please list any other names the business is or has been known by: _____

Contact Person: _____

Producer No.: _____ Producer's Name: _____

Producer's E-mail: _____

Detailed description of business activities (specifically, and by location): _____

Loss Payee/ Mortgagee: Insured Other _____

How many years have you been in business? _____

Applicant is: Individual Corporation Partnership Joint Venture

Other (please describe): _____

Annual Payroll: \$ _____

Annual Gross Receipts: \$ _____

Total Number of Employees: _____ Full-Time: _____ Part-Time: _____

Does your company have within its staff of employees, a position whose job description deals with product liability, loss control, safety inspections, engineering, consulting, or other professional consultation advisory services? Yes No

If yes, please tell us:

Employee Name: _____

E-Mail: _____ Business Telephone No.: () _____

Fax: () _____ Years with Company: _____

Employee's Responsibilities: _____

1. Insurance History

Who is your current insurance carrier (or your last if no current provider)? _____

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

Has the Applicant or any predecessor or related person or entity ever had a claim? Yes No

Attach a five year loss/claims history, including details. (REQUIRED)

Have you had any incident, event, occurrence, loss, or Wrongful Act which might give rise to a Claim covered by this Policy, prior to the inception of this Policy? Yes No

If yes, please explain: _____

Has the Applicant, or anyone on the Applicant's behalf, attempted to place this risk in standard markets?

Yes No

If the standard markets are declining placement, please explain why: _____

2. Desired Insurance

Limit of Liability:

	Actual Cash Value	Coinsurance
Building Value	\$	\$
Contents Value	\$	\$
Manse/Parsonage	\$	\$
Rented Dwelling	\$	\$
Hall	\$	\$
Other (Specify)	\$	\$
Loss of Use	\$	\$

NOTES: 1) Stained glass values should be included in the building values

Deductible: \$1,000 (Minimum) \$1,500 \$2,500 \$5,000 \$10,000

3. Business Activities

1. Attach a schedule of all property.
2. List the usual weekly activities of the Church/Synagogue:

3. Name(s) of Pastor(s) _____

Number of Ministers _____

Number of Members _____

Seating Capacity Private School _____ Preschool _____ Nursery School _____

4. Does the church operate or house a day care centre, preschool, or full-time school?

If yes, indicate the number of Children _____ Staff _____

5. Does the church lease/loan its premises to others for the purpose of operating any of the above?

Yes No

a) If yes, does the operator of the centre have to show proof of liability on an annual basis? Yes No

b) Is the church an additional Named Insured on the day care, preschool, or full-time school operator's liability policy? Yes No

6. Does the church operate a camp?

Yes No

If yes, supplementary Camp Questionnaire must be completed for quoting purposes.

7. a. Is there a church hall?

Yes No

b. Premises rented to other? Yes No If yes, please explain _____

c. Is liquor served?

Yes No

d. Are bartenders provided by the church/hall?

Yes No

8. Is there a church cemetery?

Yes No

If yes, give size, location, supervision _____

8. What is the extent of counseling services provided by Clergy?

9. Is the Insured a subsidiary of another entity? Yes No

10. Does the Insured have any subsidiaries? Yes No

If yes to either 5 or 6, who? _____

11. Has the Church/Synagogue or any of its past or present directors, officers, trustees, committee members, employees or anyone acting in a ministerial capacity ever been involved in a lawsuit or claim for sexual abuse, misconduct, or molestation, or has any charge or arrest made against said person for the same?

Yes No

If yes, please explain. _____

Are you aware of any past or present incidents that could result in a claim of this nature? Yes No

If yes, please explain. _____

9. Person providing accounting and tax services:

i. Name: _____

ii. Mailing Address: _____

iii. City: _____ State: _____ Zip: _____

iv. E-Mail: _____

v. Business Number: () _____ Fax: () _____

- b. Name and address for off-premises power or dependant property: _____

- c. Additional coverage, options, restrictions, endorsements, and rating information: _____

ADDITIONAL COVERAGES (IF YES, YOU MUST COMPLETE A SUPPLEMENT)

- Pastors' & Ministers' Error's & Omissions' Yes No
- Physical and Sexual Abuse Limited Cover Yes No
- Directors and Officers Yes No

10. Equipment Description

- a. Primary use of equipment: _____

- b. Do you observe all of the indicated safety precautions? _____

- c. Has equipment ever been repaired: Yes No
- i. If so, describe: _____

- d. Is the equipment always in your care, custody and control: Yes No
- i. If no, please describe: _____

- e. Do you ever loan out equipment: Yes No
- i. If yes, please describe: _____

- f. Are your employees instructed in the proper use and care of equipment: Yes No
- g. Is equipment stored in a secure area: Yes No
- i. If no, explain: _____

- h. Is preventative maintenance performed on equipment and if so how frequently: _____

11. Structure Specification

Photocopy this section and attach a copy for each additional structure.

- a. Construction Type: _____
- b. Height (Stories): _____ Basement: _____ Roof Type: _____
 Walls: _____ Floors: _____ Thickness: _____
- c. Age of building/ Year built: _____ / _____
- d. Total area: _____
- e. Wind class: _____

- f. Type of plumbing: _____
- g. Type of electrical wiring: _____
- h. Building code grade: _____
- i. Is the Church/ Synagogue Building on the Historical Register? Yes No
- j. Was the building originally built as a church? Yes No
- k. Are there uncorrected Fire Code Violations? Yes No
- l. Describe building improvements: Upgrades (if more than 25 years):
- | | | |
|------------|--|--------------------------------|
| Roof | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, date of upgrade: _____ |
| Plumbing | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, date of upgrade: _____ |
| Heating | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, date of upgrade: _____ |
| Electrical | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, date of upgrade: _____ |
- m. Is there a steeple? Yes No If yes, is there grounded lightning protection? Yes No
Is it UL Apporve?
- n. Ground Floor Area: _____ square feet
- o. Heating system:
- Natural Gas Oil Electric Other: _____
- Forced Air Hot Water Steam Radiant Other: _____
- Number of Units: _____
- Fire Resistive Cut-Off Room Yes No
- Adequate Clearances from Combustibles Yes No
- p. Describe cooling system: _____

- q. Distance to:
- i. Left exposure: _____
- ii. Right exposure: _____
- iii. Rear exposure: _____
- r. Distance to fire hydrant: _____ Fire district/code number: _____
- s. Type of fire suppression system: _____
- i. Installed and serviced by: _____
- ii. Fire alarm is manufactured by: _____
- iii. Last tested on: _____ Expiration date: _____
- iv. Number /Type of Extinguishers (Specify Types)/date late serviced: _____

AREA (check all that apply)

- Industrial Commercial Residential Agricultural Urban Suburban Rural

SECURITY

- t. Is there a burglar alarm in the building? Yes No
- If yes, answer:
- i. Type of burglar alarm in building: _____
- ii. Installed and serviced by: _____

iii. Last tested on: _____ Expiration date: _____

u. Window Protection: (i.e. bars) Yes No

If yes, provide details

v. Building Locked: Yes No Nights Days Watchman, Other Security: Yes No

If yes, describe: _____

w. Closing Time Inspection Made Daily: Full None

ADDITIONAL INFORMATION:

Kitchen(s) Yes No if yes, give number, frequency of use, type of cooking, protection. _____

Deep Fat Frying Yes No If yes, How frequent? _____

Is there a UL-300 Ansul extinguishing system? Yes No

Organ Yes No If yes, give full details (mfr., type, age, # of stops/ranks, condition, value)

Day Nursery? Yes No If yes, a supplement application must be completed.

Drop-In Centre? Yes No If yes, give full details (which bldg., extent)

Is Congregation? Stable Decreasing

Are Candles Used? Yes No During Services Only? Yes No

Incense Braziers? Yes No

Replacement Values Building \$ _____

Contents \$ _____

Organ \$ _____

Other \$ _____

How were these values arrived at? _____

x. List additional interests: _____

Remarks: _____

REPRESENTATIONS AND WARRANTIES

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: _____

Dated: _____

Applicant:

Agent/Broker:

Signature

Signature

Print Name

Print Name