



**RELIGIOUS INSTITUTIONS PACKAGE POLICY
SUPPLEMENTAL APPLICATION**

(All applicable ACORD applications must also be completed)

**SOME PORTIONS OF THIS APPLICATION APPLY TO CLAIMS-MADE COVERAGES - FOR
THESE COVERAGES, SEE THE "APPLICATION NOTICE FOR CLAIMS-MADE POLICY" ON PAGE 7.
READ YOUR POLICY CAREFULLY.**

Named Insured: _____ Date: _____

PACKAGE POLICY INFORMATION

Policy Period/Effective Date: From _____ To _____

Type of Religious Institution: _____ **Year Established:** _____

PROPERTY PREMISES INFORMATION (complete for primary locations excluding parsonage)

If Cooking Facilities On Premise Indicate Type & Protection:

Range - Commercial Domestic Deep Fat Fryer Gas or Electric Griddle
 Protection - Hood Vented Non-Vented Extinguishing System: Type _____
 Cooking Facilities are used _____ times a: month or a year (check one)

GENERAL LIABILITY INFORMATION

Please make sure that your ACORD GENERAL LIABILITY SECTION has included all applicable operations, codes and exposure bases (e.g. Church, 41650 (area); Bingo, 40075 (receipts); Day Care, 41716 (pupils), Camps, 41422 (camper days); Schools, 47476 (students); Colleges, 67509 (area); and any others not listed here).

1. Are certificates of insurance obtained from outside organizations using premises? Yes No
2. a. Any Day Care Facilities? If yes, complete Day Care Questionnaire 8-A-304A. Yes No
 b. Percentage of day care attendees that are congregation members children: _____ %
3. List activities other than religious services / education (e.g. pregnancy centers, drug or alcohol counseling programs, clinics, soup kitchens, summer camps, missions, trips, etc.):
4. List any Fundraisers anticipated for the upcoming policy period. (Dinners, carnivals, etc.)

OPTIONAL LIABILITY COVERAGES (NOTE: Complete only sections where coverage desired)

- Religious Institutions Directors And Officers Legal Liability Insurance (Complete Section I below)
- Clergypersons Professional Liability Insurance (Complete Section II below)
- Employee Benefit Programs (EBL) (Complete Section III below)
- Abuse Or Molestation Liability Coverage (Complete Section IV below)
- Cemetery Liability (Complete Section V below)
- Employment Related Practices Liability Insurance (ERPLI) (Complete separate application 8-A-371 for this separate more complete coverage)

BUSINESS AUTOMOBILE INFORMATION

1. a. Do you operate any non-conforming vans (11 to 15 passenger vans) to transport passengers? Yes No
 b. If yes please advise number, details on their use, and who drives them:

OTHER ENDORSEMENTS & OPTIONAL COVERAGES

- Waiver of Subrogation - Churches/Synagogues 8-E-1373
- Church Theft Endorsement 8-E-1364* \$_____ Blanket Coverage Limit - Including Money & Securities
- Safe/Vault Class: _____
- Average cash on hand \$_____ \$_____ Blanket or \$_____ Specific-Excluding Money
- checks on hand \$_____ \$_____ Loss from Alms or Poor Box & Securities
- \$_____ Personal Property of Clergy - attach schedule
- * Church Theft Coverage Extension Endorsement 8-E-1382 (no charge if Church Theft 8-E-1364 is provided) gives three times the loss of money limit for three specific collection holidays (e.g. Christmas, Easter, Hanukkah). List the specific holidays:
 1. _____ 2. _____ 3. _____
- Employee Dishonesty Number of Employees: _____ Limit: _____

Property Coverage Options:

- Religious Institutions Amendatory Endorsement Religious Institutions Enhancement Endorsement
- Religious Institutions Advantage Religious Institutions Enhancement Plus Endorsement
- Outside Signs (CP 14 50) - Schedule type below Household Personal Property Coverage (CP 99 92) - Schedule below
- Stained Glass 8-E-1838/Enhanced Glass 8-E-3358 - Enclosed/Protected by Plexiglas or wire? _____ Is the value included in the building limit? Yes No
- Equipment Breakdown Other: _____

SCHEDULE - Property Options chosen above:

Loc.	Describe Coverage & Items	Amount of Insurance

I. RELIGIOUS INSTITUTIONS DIRECTORS AND OFFICERS LEGAL LIABILITY INSURANCE (Including Educational Institutions) CLAIMS-MADE BASIS

A. GENERAL INFORMATION

- 1. Legal Liability**

Limits of Liability	
\$ _____	Each Loss
\$ _____	Aggregate for Each Annual Policy Year

Insured's retained limit (each loss) \$ _____
- 2. Optional Additional Defense Coverages (AVAILABLE ONLY WHERE STATE HAS APPROVED):**
 - Suits seeking no pecuniary relief Suits alleging loss from asbestos
 - Suits alleging loss from discrimination (except suits brought by governmental entities)
- 3. PROPOSED EFFECTIVE DATE:** This insurance is to be effective from 12:01 a.m.: _____
 - a. Proposed retroactive date: _____ ("None" provides unlimited prior acts coverage - refer to underwriter)
 - b. Entry date into uninterrupted claims-made coverage: _____
 - c. Has any work, accident, or location been excluded, uninsured, or self-insured from any previous coverage? Yes No
 - d. Was Extended Reporting Period purchased under any prior policy? Yes No
 If "Yes," give effective and expiration date of Extended Reporting Period:
(1) Effective date: _____ **(2) Expiration date:** _____

4. If your religious institution has been in existence less than three years, was it an offshoot from another institution? Yes No

If "Yes," name of original institution: _____

B. THE RELIGIOUS INSTITUTION AND AFFILIATES (EXCLUSIVE OF SCHOOL OPERATIONS)

1. The religious institution:
- a. No. of members: _____
 - b. No. of employees: _____
 - c. No. of members on governing board: _____
 - d. Total annual operating budget: \$ _____
(Including payments for principal & interest on loans excluding school operations)
 - e. Is there an independent governing board that reviews your books? Yes No
 - f. Do you have controls in place to ensure that donor resources are used in compliance with current tax-exempt requirements? Yes No
 - g. Is an annual financial audit conducted? Yes No If so, by who? _____
 - h. Are you willing to provide copies of audited financial statements upon request? Yes No
2. For each existing affiliate (other than schools):
- a. Name: _____
 - b. Locations: _____
 - c. No. of employees: _____
 - d. No. of officers: _____
 - e. Total annual operating budget: \$ _____ (Including payments for principal & interest on loans)
 - f. Total annual receipts: \$ _____
 - g. Any summer camps, radio stations, welfare programs, day care? Yes No
 - h. If "Yes," describe: _____
Description of other activities: _____

3. Are changes planned for any operations? Yes No If "Yes," describe: _____

4. Has the Religious Institution (exclusive of any applicable school operations) or its governing board, or its employees been involved in or do they have any knowledge of any pending legal actions or proceedings against them, or any act, error, or omission which they have reason to believe might afford valid grounds for any future claim that would fall within the scope of this proposed insurance? Yes No

If "Yes", explain including amounts of any judgments, reserves, and demands: _____

5. a. Has similar insurance been declined, cancelled, or renewal refused? Yes No
If "Yes," explain: _____

b. Previous carrier of similar insurance _____

C. SEPARATE SCHOOL OPERATIONS OF THE INSURED (If Applicable)

THE FOLLOWING ARE INSUREDS under this insurance: The educational affiliate, its board, committee, board of trustees, members of the board or committee, trustees, directors and all employees including student teachers, and volunteers.

1. a. Number of members comprising the governing board: _____
- b. Number of: Administrators _____; School officials _____; Teachers (including student teachers, cadet, practice) _____; All other employees _____
- c. Is there an independent governing board that reviews your books? Yes No
2. Financial status of school:
- a. Total current budget \$ _____
 - b. Total accumulated deficit \$ _____ or surplus \$ _____
 - c. How many years in past 5 has there been a deficit? _____ surplus? _____

d. If there is a deficit, what is being done to eliminate it? _____

e. Is an annual financial audit conducted? Yes No

f. Are you willing to provide copies of audited financial statements upon request? Yes No

3. Most recent student enrollment: (include full time and part time students) _____

Previous four (4) years final enrollment count _____

Expected enrollment next year _____

4. Claims - Has there been any claim in the past five years involving:

a. Busing Yes No

b. Teacher's tenure, dismissal, strikes, demotion, or other employment related actions Yes No

c. Segregation, civil rights action involving pupils or employees Yes No

d. Other Yes No

If "Yes" to **a, b, c,** or **d,** describe all below or on an attached sheet, including amounts of all judgments, reserves and demands: _____

5. Incidents (not yet resulting in claims) - Has Educational affiliate, its governing board, or its employees been involved in or do they have knowledge of any pending legal action or proceeding against them; or any act, error or omission which they have reason to believe might afford valid grounds for any future claim that would fall within the scope of this proposed insurance involving:

a. Busing Yes No

b. Teacher's tenure, dismissal, strikes, demotion, or other employment related actions Yes No

c. Segregation, civil rights action involving pupils or employees Yes No

d. Other Yes No

If "Yes" to **a, b, c,** or **d,** describe all below or on an attached sheet: _____

6. a. Has similar insurance been declined, cancelled or renewal refused? Yes No

If "Yes," explain: _____

b. Previous carrier of similar insurance: _____

II. CLERGYPERSONS PROFESSIONAL LIABILITY

1. Effective date of coverage, if other than that of policy _____

2. Limit of liability for this insurance - check one

100,000 ea. loss 300,000 ea. loss 500,000 ea. loss 1,000,000 ea. loss
 100,000 aggregate 300,000 aggregate 500,000 aggregate 1,000,000 aggregate

3. Has similar previous coverage been cancelled or nonrenewed by insurer? Yes No

If "Yes", explain: _____

4. Number of members of the clergy appointed or employed by the insured: _____

5. Have they all completed formal educational requirements in theology? Yes No If "No," explain: _____

6. List names and titles of any Lay Ministers/Quasi Clergypersons to be covered in addition to regular clergy.
(Note: Only those persons who have professional exposure, e.g. those with counseling or administrative duties.)

7. Do church officials or members or its clergy have any knowledge of any pending legal actions or proceedings against the church or its clergy, or any act, error or omission which they have reason to believe might afford valid grounds for any future claim that would fall within the scope of this proposed insurance? Yes No If "Yes," explain _____

III. EMPLOYEE BENEFIT PROGRAMS LIABILITY (EBL) APPLICATION CLAIMS-MADE BASIS

1. Average # of Employees: _____
 2. Limits of liability \$ _____ each claim, \$ _____ aggregate for each annual policy year.
 3. Proposed Effective Date: This insurance is to be effective from 12:01 a.m.: _____
 - a. Proposed retroactive date: _____ ("None" provides unlimited prior acts coverage subject to underwriting restrictions - refer to Underwriter)
 - b. Entry date into uninterrupted claims-made coverage: _____
 - c. Has any work, accident or location been excluded, uninsured or self-insured from any previous coverage? Yes No
 - d. Was tail coverage purchased under any previous policy? Yes No
If yes, give effective and expiration dates of tail coverage. _____
 4. Is there Summary Plan Documentation easily understandable and distributed to all employees?
 Yes No If "yes" attach copy.
 5. Is there an Orientation Checklist acknowledging the explanation of benefits and election options chosen signed by the employee? Yes No If "yes" attach copy.
 6. Does the insured have a person dedicated to presenting Benefit Plans to employees, such as a Personnel Manager or Employee Benefits Manager? Yes No
 7. Is there a written plan of continuation of management which promotes conformity of the organization?
 Yes No If "yes" attach a copy or describe:
 8. Have any claims been paid in last 5 years? Yes No If "yes" describe briefly and give amount:
 9. Are you aware of any circumstance which may result in any future claim? Yes No If "yes" explain particulars:
-

IV. ABUSE OR MOLESTATION LIABILITY COVERAGE (INCLUDING SEXUAL MISCONDUCT OR SEXUAL MOLESTATION)

Note: This coverage may not be bound without an underwriters approval in any situation involving day care/school operations which are run by the Insured or by others.

1.
 - a. Has the Insured ever had any abuse (including physical or sexual abuse), sexual misconduct or sexual molestation claims? Yes No
 - b. Is there any record or knowledge of any previous incidents which might have resulted in such claims if they had been pursued? Yes No
 - c. Provide details for any positive response to above:
2.
 - a. Is there any Insured operated day care/school exposure? Yes No
 - b. If answer to 2.a. is yes, please complete the following:
 - (1) What is average daily enrollment? _____
 - (2) What is the staff to children ratio? _____
 - (3) Is the Insured's facility open to parental visits? Yes No
 - (4) Were any premises utilized for day care built or modified for that particular purpose? Yes No

- (5) Does the Insured have a policy addressing abuse, molestation or sexual harassment in all its forms (anti-abuse, anti-molestation, anti-sexual harassment)? Yes No
- (a) If the answer to **b.(5)** is yes, is the policy communicated annually in the appropriate language (considering age/ESL) to:
- i. Staff (employees) Yes No
 - ii. Students Yes No
 - iii. Volunteers Yes No
 - iv. Parents/Community Yes No
- (b) Are employees and volunteers required to sign an acknowledgement of receipt and understanding of the abuse, molestation and sexual harassment policy? Yes No
- (6) Is documentation maintained on annual training regarding abuse, molestation and sexual misconduct provided to staff, students and volunteers? Yes No
- (7) Does the insured have a policy and procedure for screening (finger printing, criminal record check, Teacher Credentialing Bureau) all:
- (a) Prospective employees? Yes No
Details: _____
- (b) Volunteers? Yes No
Details: _____
- (8) Are signed/dated applications required of all:
- (a) Prospective employees? Yes No
- (b) Volunteers? Yes No
- (c) If **(8)(a)** or **(b)** are answered "yes," does the application ask whether an investigation had been conducted or was pending at the time of separation from prior employment / volunteer work? Yes No
- (9) Are application references checked and documentation maintained? Yes No
- (10) Has the Insured developed and publicized to employees and volunteers abuse, molestation and sexual harassment reporting and investigation procedures? Yes No
- (11) Do you have an adequately trained complaint intake / management coordinator, or (if you receive federal funding) a Title IX coordinator? Yes No Details: _____
- (12) Has a Title IX or equivalent officer/coordinator been appointed by the Insured and adequately trained in these duties? Yes No Details: _____

3. a. Is there any day care/school exposure which is not run by the Insured? Yes No
- b. If answer to **3.a.** is yes, please complete the following:
- (1) Do the operators of such exposure have their own liability insurance, including coverage for abuse or molestation (including sexual misconduct or sexual molestation), with limits at least equal to those being requested hereunder? Yes No
- (2) Is our insured named as additional insured on the operator's liability policy which includes coverage for abuse or molestation (including sexual misconduct or sexual molestation)? Yes No
- Note: If the answers to **b.(1)** and/or **b.(2)** above are no, we will not provide this coverage.

LIMITS BEING REQUESTED

- \$50,000 Each Loss/\$50,000 annual aggregate
- \$100,000 Each Loss/\$100,000 annual aggregate
- \$200,000 Each Loss/\$200,000 annual aggregate
- \$300,000 Each Loss/\$200,000 annual aggregate
- \$500,000 Each Loss/\$500,000 annual aggregate
- \$1,000,000 Each Loss/\$1,000,000 annual aggregate

V. CEMETERY LIABILITY

Limits: Each Claim \$ _____ ; Aggregate \$ _____
 # of bodies interred before effective date: _____ Estimated number of annual interments: _____

VI. APPLICATION NOTICE FOR CLAIMS-MADE POLICY.

The following provides a general description of this coverage and is subject to the terms and provisions of the actual policy.

- A.** The Coverage Form will not apply to any losses from incidents which take place before the Retroactive Date, if any, or after the expiration of the policy period.
- B.** The Coverage Form will apply to losses from incidents which take place after the Retroactive Date, if any, but before the beginning of the policy period ONLY if the insured did not know of the incident before the beginning of the policy period AND if any claim is made according to **D.** below.
- C.** The Coverage Form will not apply to any loss for which claim is first made after the expiration of the policy period or any Automatic or Optional Extended Reporting Period described in the Extended Reporting Period Section of the Coverage Form.
- D.** The Coverage Form will apply only to claims which are first made:
 - 1.** During the policy period;
 - 2.** During the ninety day Automatic Extended Reporting Period described in the Extended Reporting Period Section of the Coverage Form;
 - 3.** During the five year Automatic Extended Reporting Period described in the Extended Reporting Period Section of the Coverage Form for claims arising out of incidents reported, under the policy provisions, no later than 90 days after the end of the policy period; or
 - 4.** During the Optional Extended Reporting Period of unlimited duration described in the Extended Reporting Period Section of the Coverage Form.
 - a.** We will send to you a written notice within thirty days after any termination of coverage of costs for the provisions of Extended Reporting Periods.
 - b.** The Optional Extended Reporting Period must be requested by the insured in writing, by the later of sixty days after the termination of coverage or thirty days after the date of mailing of the Company's notice to the insured of costs for and provisions of Extended Reporting Periods, in order to allow claims to be made against the policy coverage after the expiration of any Automatic Extended Reporting Period.
- E.** For the first three years of claims-made coverage, premium will be comparatively lower than for occurrence coverage, and will increase for each renewal of those policies. Claims-made prices will still be somewhat lower than occurrence prices for mature accounts (in their fourth or later years). The purchase of Optional Extended Reporting Periods, as described above, requires additional premium payments.

VII. IMPORTANT FRAUD INFORMATION

FRAUD WARNING

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, 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 FLORIDA, 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN 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 INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

NOTE: FOR STATES THAT REQUIRE SPECIFIC FRAUD WARNING LANGUAGE, USE ACORD 63 FRAUD STATEMENTS, WHICH MUST BE READ AND SIGNED BY THE APPLICANT AND ATTACHED TO EACH COPY OF THE APPLICATION REQUIRED TO BE SUBMITTED.

Applicant's Signature

Date

* NOTE: Must be signed by the President, Secretary or other authorized member of the Board or similar administrative body.