GUIDEONE™
INSURANCE

1111 Ashworth Road
West Des Moines, IA 50265-3544

GUIDEONE INSURANCE
FAITHGUARD
SUPPLEMENTAL APPLICATION

Account No.	Agent No.
Policy No.	Quote No.

This application attaches to and is made a comprised part of the Commercial Insurance Application.

Required:

- Complete this supplement application
- Completed ACORD applications for lines of business and coverages requested
- Complete other applicable supplements based upon exposures and optional coverages requested.
- Two pictures of each building (front and rear)
- Currently valued loss reports for the past 3 years from prior carrier(s)

Common Policy Information

1. First Named Insured:_____

2. Mailing Address: Street_____
City:_____ State_____ ZIP_____

3. Website:_____
E-mail:_____

4. Agency Name:_____

5. GAP ID:_____ Marketing Lead Source:_____
Specific denomination:_____

6. Is your organization ☐ For profit ☐ Not for profit ☐ Government

7. Niche: **Church**
Predominate sub-niche: ☐ None ☐ Camp ☐ Day care/Pre-school ☐ Headquarters ☐ School K-12

8. Were all buildings originally designed and constructed for their present occupancy? ☐ Yes ☐ No
***If no**, do all buildings meet building codes for their current occupancy?* ☐ Yes ☐ No

9. Does your organization have any buildings under construction? ☐ Yes ☐ No
a. ***If yes**, is the contractor carrying the builders' risk coverage?* ☐ Yes ☐ No
b. ***If no**, and builders' risk coverage is desired, please complete ACORD 140 and the Builders' Risk Supplemental Application.*
c. Provide 100% completed building value: $ _____

10. Average weekly worship service attendance:_____

11. Pay Plan: _____

12. Total number of employees (full and part time):_____

Property Information

Buildings With Property Coverage

Complete one column for each building with property coverage	Location: Building:	Location: Building:
1. Green Upgrade:	☐ Yes ☐ No	☐ Yes ☐ No
2. Hurricane / Wind/Hail Deductible or Exclusion: (when none is selected the property deductible will apply for this peril, subject to eligibility)	☐Hurricane ☐ None ☐Wind/Hail ☐ Exclude	☐Hurricane ☐ None ☐Wind/Hail ☐ Exclude
Hurricane / Wind/Hail Deductible:	☐1% ☐2% ☐5%	☐1% ☐2% ☐5%
3. Basement Square Feet:		
4. Does the primary heat source include any of the following?	☐ Space heater ☐ Wood burning ☐ Forced Air ☐ Heat Pump ☐ None of the above	☐ Space heater ☐ Wood burning ☐ Forced Air ☐ Heat Pump ☐ None of the above

* All items with an asterisk require further explanation in the "Remarks" section.

Buildings With Property Coverage (continued)		
5. Year of last roof replacement		
6. Roof Type:	☐ Asphalt shingles ☐ Metal ☐ Tile (clay or concrete) ☐ Wood shingles/shake ☐ Slate ☐ Rubber ☐ Built up (rock, tar) ☐ Built up (non-ballasted) ☐ Other: _____	☐ Asphalt shingles ☐ Metal ☐ Tile (clay or concrete) ☐ Wood shingles/shake ☐ Slate ☐ Rubber ☐ Built up (rock, tar) ☐ Built up (non-ballasted) ☐ Other: _____
7. Is your building equipped with a functioning fire alarm system?	☐ Yes ☐ No	☐ Yes ☐ No
a. ***If yes**, where does the fire alarm sound?*	☐ Local ☐ Central Station (24hours) ☐ 911 Dispatch ☐ Other: _____	☐ Local ☐ Central Station (24hours) ☐ 911 Dispatch ☐ Other: _____
b. Is fire alarm system activated by:	☐ Heat detectors ☐ Smoke detectors ☐ Manual pull stations	☐ Heat detectors ☐ Smoke detectors ☐ Manual pull stations
8. Are there any known structural concerns with the building?	☐ Yes ☐ No	☐ Yes ☐ No
9. Is there a commercial kitchen in the building? ***If yes**, is your kitchen equipped with a broiler, deep fat fryer, griddle, grill, tilt skillet or wok?* ***If yes**, complete the Commercial Cooking Survey.*	☐ Yes ☐ No ☐ Yes ☐ No	☐ Yes ☐ No ☐ Yes ☐ No
10. Does the electrical system include any of the following:	☐ Knob and Tube ☐ Fuse without fusestats ☐ Fuse ☐ Circuit Breaker	☐ Knob and Tube ☐ Fuse without fusestats ☐ Fuse ☐ Circuit Breaker
11. Year of last electrical system inspection by licensed electrician?		
12. Are all scheduled buildings locked when not in use?	☐ Yes ☐ No	☐ Yes ☐ No
13. ☐ **Key Person Replacement Expenses**		
14. ☐ **Limited Flood Coverage** (Coverage is restricted in zones A and V)		

15. Special Observance Days: Please select a maximum of five days.

☐ Christmas ☐ Hanukkah ☐ Lottie Moon ☐ Rosh Hashanah ☐ Thanksgiving
☐ Church Anniversary ☐ Kwanzaa ☐ Mother's Day ☐ Sukkoth ☐ Yom Kippur
☐ Easter ☐ Last Sunday of the Year ☐ Other:_____

Additional Liability *Are any of the following exposures present? (check all that apply)* ☐ None of the below

Coverage may be included with an additional charge

1. ☐ Playground equipment
- **a.** Is there playground equipment on premises? ☐ Yes ☐ No
  If yes, Is the playground equipment well maintained? ☐ Yes ☐ No
- **b.** Is the playground surface of the playground soft surface material (e.g. mulch, sand, pea gravel, mats)? ☐ Yes ☐ No
  If yes, what is the depth, in inches of the soft surface material located under the playground equipment? _____inches
  If no, please explain type of surface: _____

2. ☐ Armed security guards – employees/volunteers
- **a.** Number of armed security guards: _____ Total Annual Payroll $ _____
- **b.** What qualifications are required for an employee/volunteer to be armed? (Respond in Remarks section)
- **c.** Do you contract out security? ☐ Yes ☐ No
- **d.** If yes, are you listed as an additional insured on the security contractors policy? ☐ Yes ☐ No

3. ☐ Homeless shelter, ongoing (more than four times a year) Square footage used: _____
Describe shelter operations and occupancy rate: (Respond in Remarks section)

* All items with an asterisk require further explanation in the "Remarks" section.

4. ☐ Is a Soup Kitchen/Meal Center in operation to assist in feeding the hungry and homeless? ☐ Yes ☐ No
If yes, how often is this service provided?_____ How many are served annually?_____

5. ☐ Ramps/jumps used for any activity (e.g. bmx biking, skateboarding) ☐ Yes ☐ No

Fundraisers/Special Events N/A ☐

	Event #1	Event #2	Event #3
1. Name of Event:			
2. Description of Activities:			
3. Location:			
4. Date(s) the event is held:			
5. Daily hours of operation:			
6. Expected # of attendees:			
7. Number of staff/volunteers:			
8. Admission fee/donation per person:	$	$	$
9. Estimated gross receipts:	$	$	$
10. Will alcohol be served? *(if yes, please answer questions 11-13 below)*	☐ Yes – Estimated Gross Receipts _____ ☐ No	☐ Yes – Estimated Gross Receipts _____ ☐ No	☐ Yes – Estimated Gross Receipts _____ ☐ No
11. Type of alcohol served:	☐ Beer and wine only ☐ Full Bar ☐ BYOB	☐ Beer and wine only ☐ Full Bar ☐ BYOB	☐ Beer and wine only ☐ Full Bar ☐ BYOB
Who will be serving alcohol?	☐ Employed staff ☐ Volunteers ☐ Caterer/bartender – Do they have their own liquor liability insurance ☐ Yes ☐ No	☐ Employed staff ☐ Volunteers ☐ Caterer/bartender – Do they have their own liquor liability insurance ☐ Yes ☐ No	☐ Employed staff ☐ Volunteers ☐ Caterer/bartender – Do they have their own liquor liability insurance ☐ Yes ☐ No
Have all servers completed an alcohol serving class?	☐ No ☐ TIPS ☐ TAMS ☐ Other State Certified	☐ No ☐ TIPS ☐ TAMS ☐ Other State Certified	☐ No ☐ TIPS ☐ TAMS ☐ Other State Certified
12. Describe controls to prevent excessive alcohol consumption:			
13. Describe liquor license: *(check all that apply)*	☐ Insured has permit for event only ☐ Annual liquor license held by Insured	☐ Insured has permit for event only ☐ Annual liquor license held by Insured	☐ Insured has permit for event only ☐ Annual liquor license held by Insured
14. Are certificates of insurance obtained from everyone providing products or services?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
15. Do participants in this event sign a waiver?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
16. Is security hired for event? If yes, armed or unarmed	☐ Yes ☐ No ☐ Armed ☐ Unarmed	☐ Yes ☐ No ☐ Armed ☐ Unarmed	☐ Yes ☐ No ☐ Armed ☐ Unarmed

* All items with an asterisk require further explanation in the "Remarks" section.

17. Do your events include any of the following: *(check all that apply)*

☐ Fireworks/pyrotechnics* ☐ Overnight trips ☐ More than 2,500 attendees* ☐ Bounce house or trampoline*
☐ Political rallies or protests* ☐ Street fair or festival ☐ Aquatic or water events ☐ Parades sponsored by you*
☐ Firearms, including displays* ☐ Weapons or archery* ☐ Petting zoo* ☐ Haunted house, maze or trail*
☐ Concerts, including outdoor ☐ Armed security ☐ Bike race ☐ 5k/10k Run/Walk
☐ Mechanical rides* ☐ Foreign mission trips* ☐ Automobile rallies and motorcycle rides or poker runs*
☐ Disaster relief and recovery* ☐ Bonfires* ☐ Wine, distillery, brewery or bar tours/pub crawl*
☐ Rodeo, horses or livestock, or equestrian activities* ☐ Organized contact sports (football, soccer, cheerleading, etc.)*
☐ Aircraft, drones, balloons or powered watercraft*
☐ Other:_____

* Indicates events are excluded under GCG 28 31 Special Events Limited Endorsement. Refer to GCG 28 31 for further coverage information.

Food Bank **Yes** ☐ **N/A** ☐ **Thrift Store** ☐ **Yes** **N/A** ☐

1. Are aisles kept clear and unobstructed? ☐ Yes ☐ No
2. Are any goods kept outdoors? ☐ Yes ☐ No
If yes, please explain: _____
3. Are forklifts used in the operation? ☐ Yes ☐ No
If yes, please answer below:
a. Are forklift operators certified to operate forklifts? ☐ Yes ☐ No
b. Do all forklifts have back-up alarms? ☐ Yes ☐ No
c. Does organization have written procedures for forklifts? ☐ Yes ☐ No
d. Are forklifts used in an area of the premises while customers are shopping? ☐ Yes ☐ No
4. Are any warranties offered or provided? ☐ Yes ☐ No
If yes, please describe and/or attach copy:_____
5. Do you provide pick up services? ☐ Yes ☐ No
If yes, what radius do you drive? _____
6. How many drop off and/or pick up containers do you have? _____
7. Do you have a loading dock or appropriate place to unload goods? ☐ Yes ☐ No
8. Is there a system in place to sort incoming goods to identify spoiled and/or hazardous goods? ☐ Yes ☐ No
9. Please describe any goods that are not accepted/allowed to be sold:

_____

10. How are unwanted goods identified and disposed of?

_____

11. Are expiration dates checked on all items? ☐ Yes ☐ No
12. Is there a system in place to adequately document all goods? ☐ Yes ☐ No
13. Is re-stocking done during customer shopping hours? ☐ Yes ☐ No
14. If yes, are those areas off-limits during stocking? ☐ Yes ☐ No
15. Are parking lots, customer walkways and loading areas well-maintained and well-lit? ☐ Yes ☐ No
16. Are empty wood pallets stored in areas away from warehoused goods? ☐N/A ☐ Yes ☐ No

Food Preparation Facilities / Cooking **Yes** ☐ **N/A** ☐

1. The food preparation equipment is: ☐ Electric ☐ Gas ☐ Propane ☐ Other: _____
2. The food preparation equipment located in:
☐ One common area ☐ Each floor ☐ Individual Rooms ☐ Other specify:_____
3. Who has access to the cooking areas? *(check all that apply)*
☐ Staff ☐ Clients/Residents ☐ Visitors/Public ☐ Kitchen leased to others
4. For who is the food prepared? *(check all that apply)* ☐ Staff ☐ Clients/Residents ☐ Visitors/Public If for the public, please explain:
5. Does your staff supervise the cooking area? ☐ Yes ☐ No
6. Are there fire extinguishers in the cooking area? ☐ Yes ☐ No
7. The cooking equipment is: ☐ Residential ☐ Commercial
8. Is an automatic extinguishing system present? ☐ Yes ☐ No
If yes, provide the following:

* All items with an asterisk require further explanation in the "Remarks" section.

a. Type: ☐ Dry chemical ☐ Wet chemical ☐ Water

b. Date of last inspection per service tag:_____

c. Name of servicing contractor: _____

d. Is the automatic extinguishing system UL 300 compliant? ☐ Yes ☐ No ☐ Unknown

9. Is there an automatic shut-off present? ☐ Yes ☐ No

10. Is a stainless steel hood and duct system present? ☐ Yes ☐ No

If yes,

a. Date of last professional cleaning:_____

b. Is there a service agreement in place for the scheduled cleaning? ☐ Yes ☐ No

If yes, how often is it cleaned: _____

c. Type of filter system present ☐ Baffle ☐ Mesh ☐ Other *(please describe in remarks section)*

Sexual Misconduct Liability Coverage ☐ **Yes** ☐ **N/A**

Sexual Misconduct Coverage/Limits

☐ Occurrence

☐ Claims-made Retroactive Date:_____

Prior Coverage Trigger: ☐ No prior coverage ☐ Occurrence ☐ Claims-made Retroactive Date: _____

Entry date into uninterrupted claims-made coverage: _____

Occurrence / Aggregate Limit: ☐ $25,000 / $50,000 ☐ $50,000 / $100,000 ☐ $100,000 / $300,000

☐ $250,000 / $500,000 ☐ $500,000 / $1,000,000 ☐ $1,000,000 / $3,000,000

1. Does your organization have a zero tolerance for abuse with written policies and procedures? ☐ Yes ☐ No

2. Do the organizations written policies and procedures include the below numbered 8 components? ☐ Yes ☐ No

3. Is the written policy communicated to all employees and "volunteers" **who interact with children or vulnerable individuals?** ☐ Yes ☐ No

The term "volunteer" means anyone involved in caring for, teaching, transporting or otherwise providing services for children or other vulnerable individuals.

1. Screening

a. Does your organization require written applications for all potential employees and volunteers asking (where legal) if the applicant has ever been accused of or convicted of a crime, including sexual misconduct or child abuse related offenses? ☐ Yes ☐ No

b. Does your organization conduct personal interviews for all potential employees and volunteers? ☐ Yes ☐ No

c. Does your organization conduct a criminal background check covering everywhere the applicant has lived for the previous seven years? ☐ Yes ☐ No

d. Are background checks run annually? ☐ Yes ☐ No

If not, how often are background checks run?

Employees _____Yrs. Volunteers _____Yrs.

e. Does your organization conduct reference checks: at a minimum of two organizations in which the applicant has previously worked or volunteered for? ☐ Yes ☐ No

f. Does your organization require volunteers to have been involved in your organization for at least 6 months before they are allowed in any position involving contact with minors or other vulnerable individuals? ☐ Yes ☐ No

g. How long are screening records maintained?_____

2. Training

a. Does your organization have written policies and procedures for abuse and molestation training? ☐ Yes ☐ No

b. Do all employees and volunteers receive training prior to interaction with children or other vulnerable individuals? ☐ Yes ☐ No

c. Are copies of the written policies and procedures provided to each employee and volunteer? ☐ Yes ☐ No

d. Does the organization's training cover mandated reporting requirements? ☐ Yes ☐ No

e. Have procedures been established to monitor the implementation of the abuse and molestation training program? ☐ Yes ☐ No

f. How often is refresher training required? _____

g. Is training documented? ☐ Yes ☐ No

* All items with an asterisk require further explanation in the "Remarks" section.

3. Prevention and Operational Safeguards

a. Does your organization require that no minor or other vulnerable individual is ever alone with only one adult on your organization's premise's or in any organization sponsored activity unless in a counseling situation? ☐Yes ☐No

b. Is unsupervised contact with children or other vulnerable individuals ever allowed for employees or volunteers? ☐Yes ☐No

If yes, please describe allowable unsupervised contact and the waiting period required before contact is allowed in comments section below.

c. Does your organization require windows in or next to doors or that doors remain open to offices and classrooms? ☐Yes ☐No

d. Does your organization have a written procedure for diapering or toileting children or other vulnerable individuals? ☐Yes ☐No ☐N/A

e. Does your organization have supervision procedures and staffing ratios that address peer-to-to-peer sexual abuse? ☐Yes ☐No

f. Does your organization utilize a security camera surveillance system? ☐Yes ☐No

4. Identification

a. Does the organization's training program include material on identification of signs of sexual abuse? ☐Yes ☐No

b. Does the organization's training program include material on signs of grooming behavior? ☐Yes ☐No

5. Reporting

a. Does the organization have written policies and procedures that direct employees and volunteers to report any suspicion or allegation of abuse to civil authorities as required under mandated reporting statutes? ☐Yes ☐No

b. Does the organization have written procedures for reporting suspicion or allegations of abuse internally? ☐Yes ☐No

6. Investigation

a. Does the organization have a written policy and procedure for investigating sexual abuse of a child or vulnerable individual at the hands of an employee, volunteer or program participant that uses a qualified impartial party (most often legal counsel)? ☐Yes ☐No

b. Does this policy include cooperation with any investigation by law enforcement, child protective services or other civil authorities? ☐Yes ☐No

7. Protection

a. Does the organization have written policies and procedures that guarantee anonymity of the victim to the extent possible? ☐Yes ☐No

b. Does the organization have a written procedure to separate the victim from the alleged abuser (usually involving suspension of the abuser pending investigation) as allowed under applicable law? ☐Yes ☐No

8. Response

a. Does the organization have a process to review any reported issues to address any potential lessons learned and update policies and procedures? ☐Yes ☐No

b. Does the organization have a media relations plan that identifies a spokesperson and instructs other individuals not to speak on behalf of the organization to the media? ☐Yes ☐No

c. Does the organization have a documented process by which to file an insurance claim for any allegation of abuse and to preserve any documents or information regarding the alleged abuse? ☐Yes ☐No

Claims History

Have any of your organization's past or present employees, volunteers or representatives ever received a report, an allegation, ever been charged, convicted had a claim for damages submitted against, or sued in civil court for any type of sexual misconduct? (If yes, identify the person and submit a detailed written account.) ☐Yes ☐No

Directors & Officers Liability ☐Yes ☐ N/A

If coverage is desired on an Umbrella Policy, coverage must be specifically requested on the Umbrella Application.

☐ Occurrence

☐ Claims-made Retroactive Date:_____ Total Assets: $ _____

Prior Coverage Trigger: ☐No prior coverage ☐Occurrence ☐ Claims-made Retroactive Date: _____

* All items with an asterisk require further explanation in the "Remarks" section.

Entry date into uninterrupted claims-made coverage: _____

Directors & Officers Liability Coverage Limits Requested

Occurrence Limit: $_____ Aggregate Limit: $_____

Directors and Officers Financial Information

Annual Revenue (prior year)	Annual Expenses (prior year)	Total Assets (prior year)	Total Liabilities (prior year)

NOTE: If your organization is new, provide estimated annual data

Are financial statements audited, prepared or reviewed annually by an outside accountant or CPA? ☐Yes ☐No

If no, please explain_____

Directors & Officers Liability Underwriting Information

(Applies to all operations)

1. Is the organization incorporated as a nonprofit entity? ☐Yes ☐No

If no, please explain._____

2. Are the Board of Directors elected? ☐Yes ☐No

If no, please explain. _____

3. During the last 12 months, has there been more than a 25% change in the Board of Directors (other than death or retirement)? ☐Yes ☐No

If yes, please explain. _____

4. Does any one person have the authority to make financial decisions impacting greater than 5% of your organization's annual budget without approval from the governing board? ☐Yes ☐No

If yes, please explain. _____

5. Do any of your Directors, Officers or Trustees have a business relationship which would create a conflict of interest? ☐Yes ☐No

If yes, please explain. _____

6. Has the organization or any person proposed for coverage been the subject of, or involved in, litigation an administrative proceeding, disciplinary action, criminal action, revocation or suspension in the past five (5) years? ☐Yes ☐No

If yes, please explain. _____

7. Is the applicant a subsidiary of another organization? ☐Yes ☐No

If yes, please provide a list, and explain the relationship of, all direct or indirect subsidiaries or any other entity or organization the applicant controls for which coverage is being requested.

Direct Subsidiaries	Indirect Subsidiaries	Other Entity Or Organization	Explain Relationship

Employment Practices Liability ☐**Yes** ☐ **N/A**

This is a claims-made coverage. Defense costs are included within the policy limits

Directors and Officers coverage is required in order to be eligible for this coverage.

Limit Requested: ☐ $100,000 ☐ $200,000 ☐ $250,000 ☐ $300,000

☐ $500,000 ☐ $750,000 ☐ $1,000,000

Retention: ☐ $0 ☐ $2,500 ☐ $5,000 ☐ $10,000

Retroactive Date: _____

Prior Coverage Trigger: ☐ No prior coverage ☐ Occurrence ☐ Claims-made Retroactive Date: _____

Entry date into uninterrupted claims-made coverage: _____

1. Total number of employees including full-time, part-time, temporary and seasonal:_____

2. Total number of voluntary terminations: Current year:_____ Prior year: _____ Two prior years:_____

* All items with an asterisk require further explanation in the "Remarks" section.

3. Total number of involuntary terminations: Current year:_____ Prior year: _____ Two prior years :_____

4. Have any employment related claims, administrative proceedings, hearings, demands or lawsuits been made against any organization or person proposed for this insurance during the last five years? ☐Yes ☐No

5. Is an employment application used during the hiring process and is it signed by the applicant? ☐Yes ☐No

6. Does your employment application and/or the employee handbook include an at-will statement where available by law? ☐Yes ☐No

7. Is an employee handbook distributed to all employees? ☐Yes ☐No

8. Does your organization have written procedures in place for addressing sexual harassment? ☐Yes ☐No

9. Does your organization have written procedures for handling employee grievances? ☐Yes ☐No

10. Does your organization have a progressive disciplinary program? ☐Yes ☐No

11. Has your organization adopted a formal Family Medical Leave Act policy? ☐Yes ☐No

12. Are supervisory employees trained in the proper use of personnel policies and procedures? ☐Yes ☐No

13. Have employment policies and practices been reviewed and approved by outside legal counsel? ☐Yes ☐No

Claims-Made Information

Applies to all claim-made coverages

1. Are there any claims or lawsuits pending against your organization (including employees, independent contractors or volunteers) of which you or any other director, officer or administrator are aware that are not included in the claim information/loss runs provided? ☐Yes ☐No

a. ***If yes****, have all such pending claims been reported to the prior carrier?* ☐Yes ☐No

b. If any pending claims have not been reported to the prior carrier, please explain in the remarks section.

2. Are there any incidents or circumstances known to your organization (you or to any other director, officer or administrator), that have not been reported to the prior carrier, and for which there is reason to believe that such incident or circumstance may give rise to a future claim under the proposed coverage? ☐Yes ☐No

3. Has your organization had similar coverage declined, cancelled or non-renewed during the prior five years? *(This question is not applicable in Missouri).* ☐Yes ☐No

4. Did the liability policies from the applicant's prior insurance carrier(s) specify that a claim will be considered to have been made when the earlier notice of an occurrence or incident was first provided to the insurer? ☐Yes ☐No

Optional Liability Coverages

1. ☐ **Cemetery Professional Liability Coverage** Number of burials and/or remains handled annually: _____

Occurrence Limit $_____ Aggregate Limit $_____

2. ☐ **Counselors Liability Coverage**

Number of licensed counselors: _____ Number of fee based counselors: _____

Notes: The Counselors Liability Supplemental Application must be submitted for quote or issue.

If a Counselor has both a license and charges a fee, please include within the fee based counseling only. Licensed ministers do not need to be included if they do not charge a fee, unless coverage is written on General Form.

3. ☐ **Educators Management Liability Coverage** (EML including DO, EL and EP)

This is claims-made coverage. Retroactive Date: _____

Note: The EML Supplemental Application must be completed and submitted for this coverage.

4. ☐ **Faith Community Nurse Coverage** (Parish Nurse)

Occurrence Limit $ _____ Aggregate Limit: $_____

Number of nurses: _____ Faith Community Nurse designation: _____

5. ☐ **Lost Wages Coverage** ☐$2,500 ☐$5,000

6. ☐ **Religious Expression Coverage**

Occurrence Limit $ _____ Aggregate Limit: $_____

* All items with an asterisk require further explanation in the "Remarks" section.

Inland Marine

**** Attach schedule for each coverage requested. Show location, description (model #, etc.) and value for each item. Unless otherwise indicated the deductible will be $500 for each coverage requested.**

1. ☐ **Business Personal Property of Others**

Deductible:_____ Windstorm/Hail Deductible:_____ Hurricane Deductible:_____

Total Limit $ _____ ☐ Replacement Cost ☐ Actual Cash Value

Primary Location where property is located: _____

2. ☐ **Commercial Articles**

Deductible:_____ Windstorm/Hail Deductible:_____ Hurricane Deductible:_____

☐ Replacement Cost ☐ Actual Cash Value

☐ **Cameras and Related Equipment** **ACORD

Primary Location where property is located: _____

Total Limit $ _____

☐ **Musical Instruments and Related Equipment** ** ACORD

Primary Location where property is located: _____

Type of instrument/equipment: Organs Total Limit $ _____Other than Organs Total Limit $ _____

3. ☐ **Commercial Fine Arts** ** ACORD

Deductible: $_____ Windstorm/Hail Deductible: $_____ Hurricane Deductible: $_____

Primary Location where property is located: _____

Total Limit $ _____ ☐ Include Breakage

4. ☐ **Miscellaneous Articles** **ACORD

Deductible: $_____ Windstorm/Hail Deductible: $_____ Hurricane Deductible: $_____

Primary Location where property is located: _____

Total Limit $ _____ ☐ Replacement Cost ☐ Actual Cash Value

☐ **Scheduled** ** ACORD

☐ **Blanket** Limit per item $ _____ Total Limit $ _____

Miscellaneous articles consisting principally of: _____

5. ☐ **Radio and Television Towers and Equipment**

Deductible: $_____ Windstorm/Hail Deductible: $_____ Hurricane Deductible: $_____

Location: _____

Height: _____ Age:_____

☐ Maintenance program in effect ☐Covered Property is in fenced area ☐Lightning Protection is provided

☐ Radio and Television Towers Control Equipment Limit: $_____

☐ Radio and Television Transmitting and Receiving Equipment Limit: $_____

☐ Mobile Units Limit: $_____

6. ☐ **Watercraft** Deductible:_____ Windstorm/Hail Deductible:_____ Hurricane Deductible:_____

Primary Location where property is located: _____

☐ Replacement Cost ☐ Actual Cash Value

☐ Motorized Watercraft

Year	Manufacturer	Model	Registration Number	Horsepower	Length	Limit
						$

☐ Outboard Motors

Manufacturer	Model	Registration Number	Horsepower	Limit
				$

☐ Non- Motorized Watercraft

Manufacturer	Model	Registration Number	Horsepower	Limit
				$

☐ Watercraft Trailer

Year	Manufacturer	Model	Registration Number	Horsepower	Limit
					$

* All items with an asterisk require further explanation in the "Remarks" section.

Loss History

(Required for all operations, when not submitting with ACORD 125 with Loss History completed) ☐ Check if None

Enter all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the last three years.				Total Losses: $	
Date of occurrence	Type / description of occurrence or claim	Date of claim	Amount paid	Amount reserved	Claim open Yes / No

Has your organization had similar coverage declined, cancelled or non-renewed during the prior five years? *(This question is not applicable in Missouri).* ☐Yes ☐No

Remarks

(ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

* All items with an asterisk require further explanation in the "Remarks" section.

INSURANCE FRAUD WARNING:
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.

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

Applicable in CO: 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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: 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). *Applies in FL only.

Applicable in KS : 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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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 KY, NY, OH and PA: 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 material 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. * Applies in NY only.

Applicable in ME, TN, VA and WA: 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. *Applies in ME only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

ACKNOWLEDGEMENT AND SIGNATURES:
The undersigned is an authorized representative of the applicant and represents that reasonable inquiry has been made to obtain the answers to questions on this application. He/she represents that the answers are true, correct and complete to the best of his/her knowledge.

APPLICANT MUST SIGN THIS APPLICATION IN ORDER FOR IT TO BE VALID

Authorized Applicant Representative			Date
Print Name		Title or Position	
Agent No.	Agency	Producer's Signature	License No.

* All items with an asterisk require further explanation in the "Remarks" section.