#### CHURCH APPLICATION

**COMPLETE IN FULL** 

Name of Applicant	
Location of Risk	
Mailing Address (if differen	t from above)
List all the usual activities of	
Other occupancies at this le	
Loss Payee / Mortgagee	Insured Other (show interest)
Limits Of Insurance Require	ed
Church Building	\$
Church Contents	\$
Manse/Parsonage	\$
Rented Dwelling	\$
Hall	\$
Other (Specify)	\$

Above coverage's are subject to all risk coverage including: \*Flood, \*Earthquake & Sewer Back-up, 90% Co-Insurance, Building Bylaws coverage, indoor & outdoor signs. Deductibles are \$500. except 3% - Minimum \$25,000 on Earthquake except in British Columbia and Quebec minimum \$50,000, \$10,000 on Flood, \$2,500. on Sewer Back-up.

\*We are no longer providing Flood and Quake coverage in what are known as cresta zones 1 and 2 - including Vancouver Island. These zones include West Vancouver, North Vancouver, Vancouver, Burnaby, Port Moody, Coquitlam, Port Coquitlam, Richmond, Surrey and Delta.

Employee's Dishonesty (Blanket)	5,000	or	$\Box$	\$
Comprehensive General Liability	🖾 \$1,000,000		$\Box$	\$
Pastors' & Ministers' Error's & Omission's		Yes	🖸 No	
If yes, please indicate the number of pasto	or's			

CGL includes: Occurrence P.D., Employees & Volunteers as Additional Insured's, Broad Form P.D., Contractual Liability, Incidental Malpractice, Personal Injury, \$100,000 Blanket Broad Form Tenants Legal, Employers Liability, Medical Payments \$1,000/\$10,000, Non-Owned Automobile, Cross Liability Clause.

Physical and Sexual Abuse Limited Cover	🖸 Yes 🖾 No	MUST COMPLETE SUPPLEMENT
Boiler & Machinery Coverage	🖸 Yes 🖾 No	MUST COMPLETE SUPPLEMENT
Directors and Officers	🖸 Yes 🖾 No	MUST COMPLETE SUPPLEMENT

## **Underwriting Information**

Building Construction	Height		story(s)			
	Baseme	ent 🗳 Full	🖸 Yes	🖾 None		
	Walls					
	Roof					
	Floors			Th	ickness	
Property Grounded Lig	htning Rods	Yes D1	No			
Ground Floor Area		_square feet				
Heating	🖸 Natural gas	Oil	C Electric	c 🖸 Other:		
	🖸 Forced air	Hot water	🖸 Steam	🖸 Radiant	C Other	
	Number of Units	S				
	Fire Resistive C	ut-Off Room		🖸 Yes	🖸 No	
	Adequate Clear	ances from Corr	nbustibles	🖸 Yes	🖸 No	
Age of Building		years				
Upgrades (if m	ore than 25 years	5):				
Root	-	Yes INO	If Yes	, date of upgrad	le	
Plum	nbing	Yes 🛛 No				
Heat	ting	🖸 Yes 🖾 No				
Elec	trical	Yes No	If Yes	, date of upgrad	le	
Sprinklered? If Yes, provide details	Yes No		Monitored E	Burglar Alarm?	🛛 Yes 🖾 No	
Full Perimeter?	Yes 🖸 No		Dedicated	Line?	🖸 Yes 🖾 No	
Window Protection (i.e. If Yes, provide details	,	Yes 🖸 No				
Building Locked		0	Days	Watchman, C	Other Security	🛛 Yes 🖾 No
Closing Time Inspectio	n Made Daily	🖾 Full	🖸 None			

			•	ch may be difficult to rep		No
How long has this busi	ness beel	n in opera	tion?	🖾 New ventu	ure 🖸	Years.
Area (check all that ap	ply)	🗖 Indu 🗖 Urba		Commercial Suburban	Residential Rural	C Agricultural
Fire protection			•	m) of fire hall of fire hydrant		
Kitchen(s)	No 🖸 No	If yes	, give numb	er, frequency of use, typ	e of cooking, protection	on
Deep Fat Frying Organ	Yes Yes			s, How Frequent? re full details (mfr., type,	age, # of stops/ranks	, condition, value)
Day Nursery? Drop-In Centre?	C Yes C Yes		lf yes, giv	ve full details (which bldg	g., extent)	
Is Congregation? Are Candles Used? Incense Braziers?		Stable /es		g During Services Only?	🖸 Yes 🖸 No	
Replacement Values	C C	Building Sontents Organ Other	\$			
How were these values	s arrived a	at?				

Previous Insurance & Claims		
None, this is a new venture	Some, not previously insured.	
Previous Insurer		
Expiring premium , i	f known	
Has any Insurer cancelled or dea	clined to renew a policy of insurance for this applicant?	🛛 Yes 🖾 No
If Yes, explain		
$\Box$ No Claims in the last 8 years.	Additional discount applies for 8 years claim free.	
$\Box$ 5 year claims history		
Date of Claim	Description	Amount
Any uninsured losses in the last	8 years? Ses Solution Sector Sec	
If Yes, explain		

## LIABILTY

2.       Name(s) of Pastor(s)	1.	List the Usual weekly activities of the church	
Number of Ministers			
Number of Members         Seating Capacity       Private School         Preschool       Nursery School         Nursery School	2.	Name(s) of Pastor(s)	
Seating Capacity       Private School       Preschool       Nursery School         3.       Does the church operate a day care centre?       E Yes E No         If yes, indicate the number of       Children       Staff         4.       Does the church lease/loan it's premises to others for the purpose of operating any of the above? E Yes E No       a) If yes, does the operator of the centre have to show proof of liability on an annual basis.       E Yes E No         b)       Is the church operate a camp?       E Yes E No         c)       Does the church hall?       E Yes E No         b)       Premises rented to others?       E Yes E No         c)       Is liquor server?       E Yes E No         d)       Are bartenders provided by the church/hall?       E Yes E No         7.       Is there a church cemetery?       E Yes E No		Number of Ministers	
<ul> <li>3. Does the church operate a day care centre?</li> <li>If yes, indicate the number of</li> <li>ChildrenStaff</li></ul>		Number of Members	
If yes, indicate the number of       Children Staff         4. Does the church lease/loan it's premises to others for the purpose of operating any of the above? E Yes E No         a) If yes, does the operator of the centre have to show proof of liability on an annual basis.       E Yes E No         b) Is the church an additional Named Insured on the day care operators liability policy?       E Yes E No         5. Does the church operate a camp?       E Yes E No         If yes, supplementary Camp Questionnaire must be completed for quoting purposes       E Yes E No         6. a) Is there a church hall?       E Yes E No         b) Premises rented to others?       E Yes E No         c) Is liquor server?       E Yes E No         d) Are bartenders provided by the church/hall?       E Yes E No         7. Is there a church cemetery?       E Yes E No		Seating Capacity Private School Preschool Nursery S	School
<ul> <li>4. Does the church lease/loan it's premises to others for the purpose of operating any of the above? I Yes I No</li> <li>a) If yes, does the operator of the centre have to show proof of liability on an annual basis.</li> <li>b) Is the church an additional Named Insured on the day care operators liability policy?</li> <li>c) Does the church hall?</li> <li>c) Is liquor server?</li> <li>d) Are bartenders provided by the church/hall?</li> <li>c) Is there a church cemetery?</li> <li>c) Is there a church cemetery?<td>3.</td><td>Does the church operate a day care centre?</td><td></td></li></ul>	3.	Does the church operate a day care centre?	
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<ul> <li>b) Is the church an additional Named Insured on the day care operators liability policy? □ Yes □ No</li> <li>5. Does the church operate a camp? □ Yes □ No</li> <li>if yes, supplementary Camp Questionnaire must be completed for quoting purposes</li> <li>6. a) Is there a church hall? □ Yes □ No</li> <li>b) Premises rented to others? □ Yes □ No</li> <li>c) Is liquor server?</li> <li>d) Are bartenders provided by the church/hall? □ Yes □ No</li> <li>7. Is there a church cemetery? □ Yes □ No</li> </ul>	4.	Does the church lease/loan it's premises to others for the purpose of operating any of the above	e? 🛛 Yes 🖾 No
<ul> <li>5. Does the church operate a camp?</li> <li>If yes, supplementary Camp Questionnaire must be completed for quoting purposes</li> <li>6. a) Is there a church hall?</li> <li>b) Premises rented to others?</li> <li>C Yes C No</li> <li>If yes, please explain</li> <li>C) Is liquor server?</li> <li>d) Are bartenders provided by the church/hall?</li> <li>7. Is there a church cemetery?</li> <li>C Yes C No</li> </ul>		a) If yes, does the operator of the centre have to show proof of liability on an annual basis.	🖸 Yes 🖾 No
If yes, supplementary Camp Questionnaire must be completed for quoting purposes         6. a) Is there a church hall?       □ Yes □ No         b) Premises rented to others?       □ Yes □ No         c) Is liquor server?       □ Yes □ No         d) Are bartenders provided by the church/hall?       □ Yes □ No         7. Is there a church cemetery?       □ Yes □ No		b) Is the church an additional Named Insured on the day care operators liability policy?	Yes No
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<ul> <li>d) Are bartenders provided by the church/hall?</li> <li>7. Is there a church cemetery?</li> <li>Is there a church cemetery?</li> </ul>		b) Premises rented to others?	
<ul> <li>d) Are bartenders provided by the church/hall?</li> <li>7. Is there a church cemetery?</li> <li>Is there a church cemetery?</li> </ul>		c) Is liquor server?	
7. Is there a church cemetery?			
		a) Are partenuers provided by the church/hair?	HIYES HINO
If yes, give size, location, supervision	7.	Is there a church cemetery?	Yes No
		If yes, give size, location, supervision	

## **Broker Recommendation**

Solution New business to this office.	Currently insu	red through this o	ffice.		
If currently insured through this office	e, why is account	being remarked?			
Is applicant known to selling broker?	y 🖸 Y	es 🗖 No	If Yes, how long	l?	years.
Has marketing broker seen this risk?	? 🗖 Ye	es 🖸 No			
If Yes, condition of risk?	Excellent 🛛 🖾 G	ood 🛛 🖾 Averag	e 🔲 Fair	C Poor	
If No, attach photo.					
Any visible damage to building?	T Ye	es 🖸 No			
If Yes, explain					
Financial situation of applicant	C Not known	Excellent	Good 🖸 Aver	age 🛛 Fair	🖸 Poor
Marketing broker's overall opinion of	risk 🛛 Excell	lent 🛛 Good	C Average	🛛 Fair 🛛 🖾 Poor	

## **General Remarks**

(Fire, Vandalism, Theft, Liability,; Describe any Alterations or Additions in Progress or Proposed; Number and Sizes of any Memorial Windows.)

Completed by

Agency/Brokerage

Date:

## SOUTH WESTERN GROUP – CHURCH PROGRAM PHYSICAL AND SEXUAL ABUSE INSURANCE POICY

As a major church insurer, our carrier has the experience and the expertise to provide churches with the coverages they actually need.

Our coverages for "Physical and Sexual Abuse" have been modified to be written on a separate "claims made" form. Our "Physical and Sexual Abuse Policy" now provide superior coverage that is unique in the industry. Included in the new policy are the following, each with a separate limit:

- Coverage A Bodily Injury
- Coverage B Civil Defence Costs

(Coverages A&B subject to 10% self insured retention)

- Coverage C Criminal Defence Costs (excluding those found guilty of a criminal offence)
- Coverage D Medical, Rehabilitation & Counselling Costs

Under Coverage D -- Medical, Rehabilitation & Counselling Costs, reimbursement is made regardless of fault, providing a voluntary payments coverage for the cost of all medical expenses, whether physical or psychological in nature, incurred on behalf of the victim. This can often represent the most costly, but important, expense the Insured will face with a claim of this nature, and it is one which other policies do not pay on a voluntary "no fault" basis.

As a "claims made" form, this new policy will respond to claims advanced during the policy period only. While previous "occurrence based" policies continue to cover the Insured for any "occurrence" that took place within that policy's term, regardless of when they were claimed (assuming the coverage was not specifically excluded), this new "claims made" policy will cover only those claims that are presented during the policy period. In order to eliminate any overlap in coverage between previous "occurrence based" coverages and the current "claims made" cover, we must EXCLUDE claims based on events that happened prior to the effective date of this policy. These claims will continue to be the subject of the policy that was in place when the event occurred.

With a "claims made" policy that clearly spells out what is covered and offers broad protection to mitigate the real costs involved with claims of this nature, we are confident it is offering the best coverage to serve your client's needs.

#### APPLICATION FOR LIMITED AND CONDITIONAL COVERAGE FOR PHYSICAL AND SEXUAL ABUSE ONLY

#### INSTRUCTIONS

- A. Answer ALL questions. If the answer to any question is NONE, please state NONE.
- B. If the space to answer any question fully is insufficient, attach a separate sheet.
- C. The application MUST BE signed and dated by the owner, partner, or officer and by a human resources officer.

#### D. PLEASE READ CAREFULLY THE STATEMENT AT THE END OF THIS APPLICATION

#### **GENERAL INFORMATION**

1.	Applicant's name and address
2.	Name and title of person to contact
3.	Describe the applicant's operations and give the number of locations
4.	Coverage desired:
	Limit of Liability \$
	Deductible 10% (Blanket on bodily injury and civil defence cost)
	Proposed Effective Date
	(day/month/year)
	Retroactive Date(day/month/year)
	NOTE: If no prior coverage, Retroactive Date must be policy inception date
5.	Do you currently carry Physical & Sexual Abuse Insurance?
	If yes, please provide details to Insurer (limits of liability, deductibles, retroactive date and premium)
6.	Employees:
	a) Number of full time Part time

## LOSS HISTORY

7. a) Regardless of whether or not you had insurance, on a separate sheet, please furnish a first dollar Loss History for

All claims reported in the past five (5) years, If there were no claims, state NONE

b) For any claim(s) paid or reserved in excess of \$10,000.00, on a separate sheet, please provide: 1) the date of

Loss, 2) a complete description of the loss, 3)the amount paid or reserved (including expenses), and 4) validation

date such claim

- c) Has there ever been any claim against you for \$100,000.00 or more?
- d) Are you aware of any facts, incidents, or circumstances which may result in claims

being made against you?

If yes, please explain on separate page

THE APPLICANT UNDERSTANDS AND AGREES THAT IF ANY FACTS, INCIDENTS, OR CIRCUMSTANCES WHICH ARE LIKELY TO GIVE RISE TO A CLAIM UNDER THIS POLICY, THEN ANY CLAIMS ARISING FROM SUCH FACTS, INCIDENTS, OR CIRCUMSTANCES ARE EXCLUDED FROM COVERAGE UNDER THIS PROPOSED POLICY.

## HUMAN RESOURCES DEPARTMENT

8.	a)	Do you have a Human or Personal department	Yes No
	lf n	o, please provide details on the handling of this function on a separate page.	
		How many employees are in this department?	
	b)	Do you make use of tests to screen applicants?	Yes 🖾 No
		If yes, please provide details	
	c)	Do you distribute an employee handbook to your employees?	Yes No
	d)	Do you have a formal orientation program for all new employees?	🛛 Yes 🖾 No
		If yes, please provide details	
	e)	Do you conduct regular written performance evaluations of all new employees?	Yes No
	f)	Do you have formal policies or procedures regarding any of the following:	
		1) sexual harassment?	🖸 Yes 🖾 No
		2) the handling of employee complaints of discrimination or sexual harassments?	🛛 Yes 🖾 No
		inswered yes to any of the items in this question 8f), please provide copies of such police ation regarding the distribution of such policies to your employees, e.g.,notices on bulleting the distribution of such policies to your employees, e.g., and the such policies to your employees at the such policies at the such policies to your employees at the such policies at the such policies to your employees at the such policies at the s	

distribution to all employees, etc.

Q Yes Q No

## **CLAIMS HANDLING PROCEDURES**

9. Who in the insured's organization has been designated to handle claims?

Nan	ne	Title	
Add	ress		
Tele	phone Number (include area code)		
With	respect to claims, incidents, etc.		
1)	Do you have a written procedure for obtaining information?		Yes No
2)	Have you made all personal aware of your requirements for prompt	notice?	🛛 Yes 🖾 No

#### THIS APPLICATION WILL ONLY BE PROCESSED IF THE FOLLOWING APPLICABLE INFORMATION IS INCLUDED. FAILURE TO INCLUDE THE APPLICABLE INFORMATION FOR ANY COMPANY TO BE COVERED BY THIS INSURANCE WILL DELAY THE INSURANCE OF A QUOTE UNTIL THE INFORMATION IS RECEIVED OR WILL RESULT IN A QUOTE EXCLUDING THE COMPANY(ICES) FOR WHICH THE INFORMATION HAS BEEN RECEIVED.

Indicate attachments by an (X):

Employment Application form(s)
--------------------------------

- Supervisory manual (s)
- Employee handbook, manual, and work rules

# THE APPLICANT WARRANTS TO THE BEST OF HIS KNOWLEDGE AND BELIEF THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE AND INCLUDE ALL MATERIAL INFORMATION.

THE APPLICANT FURTHER WARRANTS THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE INCEPTION DATE OF THE POLICY PERIOD, IT WILL IMMEDIATELY NOTIFY ECCLESIASTICAL INSURANCE OFFICE OF SUCH CHANGE.

THE SIGNING OF THIS APPLICATION DOES NOT BIND THE COMPANY TO OFFER NOR THE APPLICANT TO ACCEPT INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE INSURANCE SHOULD A POLICY BE ISSUED.

NOTE: BOTH SIGNATURE LINES MUST BE COMPLETED.

Applicant's authorized signature of an officer	Title
Applicant's authorized signature of individual in charge of Human Resources of Personnel Department	Title
	Applicant's authorized signature of individual in charge of Human Resources of Personnel

## SUPPLEMENT BOILER AND MACHINERY APPLICATION

Na	Name of Church					
Ad	dress					
То	wn/City					Province
	ntact Person					
Ph	one Number					
1.	Heat	🖾 H/A	🖾 H/W	🔲 Other (	specify)	
2.	Fuel	Electrical	🖸 Gas	🖾 Oil	🖸 Other (specify)	
3.	If Boiler give:	Na	ume of Manufact	urer		
	C		le (if known)			
4.	Central Air C	onditioning?		🗖 Yes	🖾 No	

## DIRECTORS AND OFFICERS

Directors and Officers Coverage is required			🖾 No
lf yes,	Income up to \$50,000 Annual		
	\$50,000 to \$150,000 Annual		
	Over \$150,000		

# Ecclesiastical Insurance Office plc

Head Office: Toronto, Ontario

Branch Offices: Halifax, Nova Scotia; Vancouver, British Columbia

#### **APPLICATION**

#### DIRECTORS AND OFFICERS AND COMPANY REIMBURSEMENT INDEMNITY INSURANCE POLICY - GENERAL

1. Please answer all of the following questions:							
	AgencyApplicant						
	No. & Street						
	Town			Posta	I Code		
2.	Date Organization established						
3.	Please Identify sources of funds						
4.	Annual Revenue from all sources						
5.							
6.	Number of Officers       7. Number of Advisory Board Members						
8. Does the organization Publish any Magazines, periodicals or Bulletins			🖸 Yes	🖸 No			
	If yes, list below and attach sample	e of each					
0	Describe organization ongogo in s	ducticing broadcastir	a at toproduction of oor	wrighted motori	ala an babalf of ita		
9.	Members?	Does the organization engage in advertising, broadcasting or reproduction of copyrighted materials on behalf of its Members?					
	lf yoo dooribo				-		
10.	f applicable, furnish the specific information requested herein:						
	a) Retained or regular attorneys						
	b) Accountants						
	c) Depository Bank						
	d) Investment Advisor						
	e) Has the organization at any time of the past five years been in breach of any of its debts, covenants or load						
	Agreements?						
	If yes, furnish details						
11.	. Indicate details of the organization	's current or expiring c	overage's				
	Current Insurance	Amount or Limit	Insurer		Expiry Date		
a)	Directors and Officers Liability						
b)	Professional Error or Omissions						

c) d) Comprehensive General Liability

Other Liability Insurance

- 12. No claims which, if insurance had been in force similar to that now proposed, would have fallen within the scope of such insurance have been made or are now pending against the organization or any person(s) proposed for insurance in the capacity of either director, officer, employee or committee member or the organization except as follows: (If answer is none, so state)
- 13. No person proposed for this insurance is cognizant of any wrongful act or circumstance which he/she has reason to Suppose might afford grounds for any future claim which would fall within the scope of proposed insurance, except as follows: (If answer is none, so state)
- 14. No similar insurance on behalf of the organization has been declined, cancelled or not renewed except of follows: (If answer is none, so state)
- 15. No fact, circumstance or situation indicating the probability of a claim or action against which indemnification is or Would be afforded by the proposed insurance is now known to any officer of this organization and it is agreed by all concerned that if there be knowledge of any such fact, circumstance or situation, any claim or action subsequently emanating therefrom shall be excluded from coverage under the proposed insurance.
- 16. The undersigned authorized officer of the organization declares that, to the best of his knowledge, the statements set for herein are true. Signing of this proposal does not bind the undersigned to complete the insurance but it is agreed that this form shall be the basis of the contract should a policy be issued, and this form will be attached and become part of the policy.
- 17. The Insurer is hereby authorized to make any investigation and inquiry in connection with this proposal as may seem Necessary.

#### Must be signed by Advisory Board Member or Officer

Signed	Title
Name of Organization	
Submitted By	Date

#### List of Organization and Advisory Board Members

Name	Title

#### SUBMITTED BY:

E-MAIL: