

Church Property & Casualty Insurance Application

Please return completed application to:
Wilma Miller – Morrow Insurance Group
18936 N. Dale Mabry Highway
Lutz, FL 33548

FAX: (813) 830-7870 E-Mail: wilma@integrityfirst.cc

Church Name _____ Church FEIN Number _____

Mailing Address _____ City _____ State _____ Zip _____

Phone Number () _____ FAX () _____ E-Mail _____

Primary contact person's name at church _____

Name of person completing this form _____ Date _____

1. Membership _____ Average Weekly Attendance _____ Capacity of Sanctuary _____
2. Weekly Services: Sunday a.m. ___ p.m. ___ Mid-week ___ Other: _____
3. Are premises used by outside groups? If yes, describe _____
4. For any outside use are certificates of insurance provided naming church as additional insured? _____
5. Describe Youth Activities _____
6. Describe Fund Raising Activities _____
7. Is there a playground on premises? ___Yes ___No Is there a boundary restraint (fence) ? ___Yes ___No
8. Type of ground cover below play equipment _____
9. Is there a playground equipment maintenance program? ___Yes ___No

SPECIAL ACTIVITIES/SERVICES

Do you own or sponsor any of the following:

School ___Yes ___No - *If yes, a special application is required for schools – contact Wilma Miller*

Cemetery ___Yes ___No

Orphanage ___Yes ___No

Soup Kitchen ___Yes ___No

Vacant or unoccupied buildings ___Yes ___No

Swimming Pool ___Yes ___No

SEXUAL MISCONDUCT

1. Does your church have a written sexual misconduct policy in place? ___Yes ___No If yes, please describe (& attach copy of) written policy: _____
2. Are volunteers and compensated workers for any position involving supervision or custody of children under age 18 background screened? ___Yes ___No
3. Are completed job applications for all paid workers kept on file? ___Yes ___No

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4. Are all volunteers or workers involved in the supervision of children under age 18 required to attend the church for a minimum of at least six months? Yes No
5. Do you have the two-adult policy rule regarding supervision of children under 18? Yes No
6. Is a staff member ever alone with a child behind closed doors, away from other staff members? Yes No
7. Do you have any past or pending claims relating to any form of sexual misconduct? Yes No

PASTORAL LIABILITY

1. Is the clergy licensed and/or ordained? Yes No
2. Does the clergy perform counseling functions, other than biblical counseling? Yes No
3. Has the clergy received formal training in counseling? Yes No
4. Does the applicant advertise counseling to non-congregation members? Yes No
5. Is a fee required for counseling? Yes No
6. If other than biblical counseling is offered, do you have a separate professional liability policy? If yes, please give carrier name: _____ Policy number _____
7. Are there any past or pending claims against your professional liability coverage? Yes No

CHILD CARE FACILITIES

1. Do you operate any of the following:
 - a. Before / after school program? Yes No
 - b. Day Care? Yes No
 - c. Kindergarten? Yes NoIf answer to a-c is yes, please complete the attached CHILD CARE QUESTIONNAIRE.
2. Do you have a daycare as a tenant? Yes No
If so, square footage they use for daycare _____

DIRECTORS AND OFFICERS LIABILITY COVERAGE - *This is an optional coverage. Request application ASB-6007 and submit if coverage is desired. Financial Statement may be required.*

COMMERCIAL AUTOMOBILE COVERAGE

Please verify any autos, vans or buses owned by the church you desire to be quoted for coverage. If vehicle(s) have prior coverage, give name of carrier and effective date. Prior Carrier: _____

Coverage Effective Date: _____ Also, please answer questions below:

Do you provide transportation services? Yes No

If yes, do you obtain MVR's (Motor Vehicle Reports) on all drivers? Yes No

Is training provided for all new drivers? Yes No

How often are your church vehicles used? Daily Weekly Monthly Other

Estimated yearly mileage? _____

Is proof of Personal Auto Liability Coverage requested from drivers that regularly use their personal vehicles on applicant's behalf? Yes No – If yes, are minimum CSL limits of \$300,000 required? Yes No

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INCREASED MONEY & SECURITIES COVERAGE

Coverage for money and securities will automatically double for the period beginning four days preceding Easter, Thanksgiving, Christmas and one day of choice, and ending four days after these special days. Indicate the day of your choice: _____

PROFESSIONAL LIABILITY AND WORKERS' COMPENSATION

POSITION	NUMBER OF FULL-TIME	NUMBER OF PART TIME	ANNUAL PAYROLL INCLUDING HOUSING
ADMINISTRATION			
CLERGY			
CLERICAL			
TEACHERS			
CUSTODIAL			
MAINTENANCE			
OTHER (EXPLAIN)			

MORTGAGE INFORMATION: Please list the name of the Mortgage Holder (s) for your building(s):

Building Address/Description: _____

Name of Lender: _____ Address: _____

City: _____ State: _____ Zip: _____ Loan Number: _____

Fax Number: () _____

Does your church have separate Flood Policy(s)? Yes No If yes, please provide a copy of the policy.

RENTAL INFORMATION: Rental Information applies only to churches renting/leasing space from another party.

Address of building being rented _____ City _____ State _____ Zip _____

Total of square footage being rented _____ Value of Contents left on-site _____

Please provide name and address of landlord if they require certificate of liability insurance _____

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Church Operated Child Care Facility Supplemental Questionnaire for Child Care, Kindergarten

IF CHURCH OPERATED:

1. What is the square footage of the child care facility? _____
2. Hours of operation? _____am/pm to _____am/pm
3. Are records kept on all injuries? ___Yes ___No
4. Is a physical exam or medical certificate required for each child? ___Yes ___No
5. Is there a written drop-off and pickup procedure? ___Yes ___No
6. Are parents free to visit facility at any time? ___Yes ___No
7. Is corporal punishment practiced? ___Yes ___No (if yes, attach written procedure)
8. Specify the applicable number for each age group:

	# Children	# Adults
Infants	_____	_____
Toddlers	_____	_____
3-4	_____	_____
5-6	_____	_____
Kindergarten	_____	_____

9. Are staff members trained in first aid, including CPR? ___Yes ___No
10. Do you care for children who are physically or emotionally impaired? ___Yes ___No
11. Are field trips conducted? ___Yes ___No If yes, describe the nature of trips and mode of transportation:

12. On what floor level is the child care located _____
13. Is there a written evacuation procedure? ___Yes ___No
14. Are there regular fire drills? ___Yes ___No

DAY CARE LICENSE

1. Is the child care operation currently licensed? ___Yes ___No
2. Has the license ever been revoked? ___Yes ___No

EMPLOYEES

1. Describe the educational background of the Director: _____
2. Do hiring practices include:
 - a. Completed application? ___Yes ___No
 - b. Pre-employment physical? ___Yes ___No
 - c. Contacting personal reference? ___Yes ___No
 - d. Tuberculosis test? ___Yes ___No
 - e. Police background check? ___Yes ___No
3. Do employees dispense medicine? ___Yes ___No If yes, are prescription labels or instructions from medical personnel required? ___Yes ___No

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PROPERTY AND AUTO SCHEDULE

Church Name _____

Comments on Building Maintenance _____ Give Dates of Updates Below:

Roof _____ Electrical _____ Heat/Air Conditioning _____ Plumbing (incl fixture replacement) _____

SPRINKLERS? _____ MONITORED SECURITY/FIRE ALARM? _____ COMPANY: _____

Building Address	Square Footage	Occupancy of Building	Building Value	Contents Value	Distance to Water	Year Built and Construction

CHURCH OWNED AUTOS

Year	Make	Model	Type	VIN	Current Value	# of Seats

APPROVED DRIVERS (MUST HAVE CURRENT 3 YEAR MVR ON FILE AT CHURCH)

FIRST NAME	LAST NAME	LICENSE #	CDL –YES/NO	BIRTH DATE	LICENSE STATE

Minimum Driver Age – 21. Driver must be at least 25 to drive passenger van.

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PRIOR INSURANCE COVERAGE

Please provide a copy of your current Insurance Policy Declarations Page and answer the following questions:

Name of Present Insurance Carrier & Policy Number(s) _____

Policy Expiration Date(s) _____

PLEASE PROVIDE COLOR PHOTOS (*DIGITAL ACCEPTABLE) EXTERIOR FRONT, SIDE AND REAR VIEWS OF EACH BUILDING TO BE INSURED. ALSO INCLUDE AT LEAST ONE INTERIOR PHOTO OF EACH BUILDING TO BE INSURED.

COVERAGES: (Check Yes or No for each coverage you currently have)

Property : Yes ___ No ___

Wind : Yes ___ No ___

Liability: Yes ___ No ___

Work Comp: Yes ___ No ___

Auto: Yes ___ No ___

Umbrella: Yes ___ No ___

Flood: Yes ___ No ___

List below all claims in last three years with (1) Date of Loss (2) Amount of Claim (3) Type of Claim (4) Open/Closed

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PLEASE KEEP A COPY OF THE COMPLETED APPLICATION FOR YOUR FILE!!!