

# 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@morrowinsurance.net](mailto:wilma@morrowinsurance.net)**

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
10. Is there any commercial cooking appliances that require a hood/vent? \_\_\_Yes \_\_\_No If yes, is a UL300 system in place with a contract for regular hood/vent cleaning\_ \_\_\_Yes \_\_\_No
11. Are all air-conditioning units located at ground level fenced, caged or hooked up to alarm system to prevent theft? \_\_\_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 Soup Kitchen \_\_\_Yes \_\_\_No

Orphanage \_\_\_Yes \_\_\_No Swimming Pool \_\_\_Yes \_\_\_No

Vacant or unoccupied buildings \_\_\_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

# Church Property & Casualty Insurance Application

## 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 System? \_\_\_\_\_ Company: \_\_\_\_\_

Building Address	Square Footage	Occupancy of Building.	Building Value	Contents Value	Distance to Fire Hydrant	Year Built	Construction Type

### 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!!!**