

Church Property & Casualty Insurance Application

Please return completed application to:

Morrow Insurance Group

ATTN: Wilma or Lisa

18936 N. Dale Mabry Highway

Lutz, FL 33548

FAX: (813) 830-7870 E-Mail: wilma@morrowinsurance.net or

lisa@morrowinsurance.net

Church Name _____ Church FEIN Number _____

Mailing Address _____ City _____ State _____ Zip _____

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

Primary contact person's name at church _____ Website: _____

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. Is a youth group program offered? ___Yes ___No If yes, age range of children _____
Youth group is run by: (Check One) ___Lay Pastors ___House of Worship Members ___Other Volunteers ___
6. Describe Youth Activities _____
7. Describe Fund Raising Activities _____
8. Is there a playground on premises? ___Yes ___No Is there a boundary restraint (fence) ? ___Yes ___No
9. Type of ground cover below play equipment _____
10. Is there a playground equipment maintenance program? ___Yes ___No
11. Is a nursery available during scheduled services? ___Yes ___No If yes, average # of children each week _____
Nursery is staffed by ___ Employees ___Volunteers
12. Is there cooking on premises? If so, describe exposures and protections _____
13. Are 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
14. 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

Athletic Leagues ___Yes ___No Swimming Pool ___Yes ___No

Community Service ___Yes ___No (Details) _____

Vacant or unoccupied buildings ___Yes ___No

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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
 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
- Occurrence/Aggregate Limit: (Select one) \$100,000/\$300,000 \$250,000/\$500,000
 \$500,000/\$1,000,000 \$1,000,000/\$3,000,000

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 No
 If 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 and submit if coverage is desired. Financial Statement may be required.*

EMPLOYMENT PRACTICES LIABILITY COVERAGE – *This is an optional coverage. Directors and Officers Liability Coverage is required in order to be eligible for this coverage. Please request additional information if desired.*

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:

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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

Describe use of non-company vehicles _____

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.

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

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

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

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
Describe child release procedure _____
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	_____	_____
2-3	_____	_____
3-5	_____	_____
Kindergarten	_____	_____

9. Are staff members trained in first aid, including CPR? ___Yes ___No
10. Do you care for children who require special care or treatment? ___Yes ___No If yes, how many? _____
Explain nature of special care _____
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
15. Do bathroom doors lock? ___Yes ___No
16. If yes, can they be unlocked from outside? ___
17. How are bottles warmed? _____

DAY CARE LICENSE

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

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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 references? 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

PROPERTY AND AUTO SCHEDULE

PLEASE COMPLETE BUILDING QUESTIONNAIRE (NEXT PAGE) FOR EACH BUILDING TO BE INSURED

Monitored Security/Fire System? _____ Company: _____

- Fire Alarms Yes No Smoke Alarms Yes No Hardwired Battery Operated
- Are all buildings locked when not in use? Yes No
- Are evacuation routes posted throughout the building(s) Yes No
- Are any buildings on a Historical Register? Yes No
- Does church have any buildings under construction? Yes No
- If yes, is contractor carrying builders risk coverage? Yes No
- Does any building have aluminum wiring? Yes No
- If yes, has it been retrofitted with approved connectors by a licensed electrician? Yes No
- Indicate which one: COPALUM Yes No Alumiconn Yes No

Building Address	Square Footage	Occupancy of Building.	Building RCV Value	Contents Value	Distance to Fire Hydrant	Year Built	Construction Type Frame JM, NC, MNC

INLAND MARINE

- Cameras and Related Equipment Value Limit \$ _____
- Musical Instruments – Organ Value Limit \$ _____ Other Instruments Value Limit \$ _____
- Business Personal Property of Others Value Limit \$ _____

BUILDING QUESTIONNAIRE
Please answer all Questions

Complete One for Each Building

→ **Insured** _____ **Policy #** _____

→ **Address** _____

→ **Year Built (original date of construction)** _____ Was the building built for the present type of occupancy?
 Yes No If no, what was the original occupancy of the building? _____

→ **Number of Stories** _____ If over 3 stories (including basements), are there any *unprotected* vertical openings (stairways, elevators, laundry/rubbish chutes)? Yes No

→ **Electrical**

Type of wiring: Knob & tube Rigid conduit Armored cable or BX
 Aluminum Non-metallic cable Other: _____

Type of overcurrent protection? Circuit Breakers Fuse

Describe the extent of electrical updates and the year completed? _____

→ **Heating**

Type of heating system: _____ Has the heating system been updated or replaced?
 Yes No If yes, when and extent? _____

→ **Roof**

Type: Flat Pitched Balloon
Covering: Composite (asphalt) Sheet metal Wood shake/shingle
 Slate Build up Other: _____

→ Has the roof/roof cover been replaced or resurfaced? Yes No If yes, when and extent? _____

→ **Plumbing**

Have the plumbing piping or fixtures been updated or replaced? Yes No If yes, when and extent?

→ **Sprinkler Protection**

Sprinklers: Yes No If yes, percent of building that is sprinklered _____ %

What is the age of the sprinkler protection? Original to the building Added in _____ (year)

If over 50 years old, sprinkler heads tested or replaced? System regularly tested and maintained? Yes No

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.

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 ___

DATE OF OCCURRENCE	TYPE/DESCRIPTION OF CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM OPEN YES OR NO

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