Church Property & Casualty Insurance Application

Please return completed application to:

Morrow Insurance Group

ATTN: Wilma or Lisa

19008 North Dale Mabry Hwy

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

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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.

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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!!!