



Storefront/Community Church Product

STOREFRONT/COMMUNITY CHURCH PRODUCT SUPPLEMENTAL APPLICATION

Named Insured: _____ Physical Address: _____

SECTION I. PROPERTY QUESTIONS:

1. Is all electrical wiring on circuit breakers? Yes No
2. Is there any aluminum or knob and tube wiring on the property? Yes No
3. Are there functioning smoke detectors in all common areas and mechanical rooms? Yes No
4. Are unattended candles prohibited? Yes No
5. Are all furnaces on at least an annual service contract? Yes No
6. If there is a Steeple, is it protected by a lightning system bearing the UL label? Yes No18.
7. Is there commercial cooking equipment ? Yes No
 If yes, list equipment, age and condition of all equipment : _____
 Is there an automatic extinguishing system? Yes No
 If yes, is it on a semi-annual service contract Yes No

SECTION II. LIABILITY QUESTIONS:

8. Number of Buildings: _____ Total Square footage for each building: _____
9. Does the applicant have any residential facilities for clergy only? _____ (sq feet) Apartments rented to others _____ (units)
10. Circle all services that apply and provide details for each:

School	Youth/Recreation center	Overnight camp	Missionary Trips	Adult Daycare	Soup Kitchen
Pool	Medical ministry	Job Training	Gymnasium	Shelter Operation	Fair
Rooming House	Other _____				

 Details of circled items: _____
11. Are any of the premises leased/subleased to others? (If yes, please answer the following): Yes No
 - a. What type of business is the tenant operating? _____ What is the square footage occupied by tenant? _____
 - b. Does applicant require tenants to carry general liability insurance with applicant named as an additional insured? Yes No
12. Has there ever been a sexual or physical abuse claim or incident? Yes No
13. Are all exit signs illuminated on premises? Yes No
14. Are there two or more means of egress from the building? Yes No
15. Are all stairs and walkways clear of snow and ice prior to all meetings? Yes No
16. Any anticipated construction of new buildings or alterations to existing structures? (Please provide details) Yes No
17. **Nursery and/or Child Care Operations:** None (If checked skip this section)
 - a. Are there child-sitting operations during the services? (*If yes, please answer the following): Yes No
 - i. Is there a sign in and sign out procedure for the children? Yes No
 - ii. Are background checks run on all volunteers? Yes No
 - b. Does the applicant operate any of the following? Yes No

<input type="checkbox"/> Child Care	<input type="checkbox"/> After School Program	<input type="checkbox"/> Day Camp	If yes, please answer the following:
i. Are you: <input type="checkbox"/> Licensed <input type="checkbox"/> Registered <input type="checkbox"/> Certified			<input type="checkbox"/> Exempt (explain): _____
ii. Hours of operation: _____			Number of Days open per week: _____
iii. License Capacity: _____			Highest Average Daily Attendance: _____



iv. Enter the MAXIMUM number of children on the premises, in each age group on the highest attendance date within the past 12 months:

# of children 0-3 years: _____	# of staff members on duty: _____
# of children 3-6 years: _____	# of staff members on duty: _____
# of children 6 years or over: _____	# of staff members on duty: _____
Total # of children: _____	Total # of staff members: _____

- v. Do you accept physically, medically or mentally challenged children or children with special needs? Yes No
 - a. If yes, describe conditions: _____
- vi. Has your license, registration or certification ever been revoked or suspended? Yes No
- vii. Do you have any outstanding violations cited in an inspection that have not been corrected within the deadline for compliance? Yes No
- viii. Do you comply with the state's staff to child ratio at all times? Yes No
- ix. Is the outside play area fenced? Yes No
- x. Is there a Jacuzzi or spa on the premises covered and locked from access by children? N/A Yes No
- xi. Are there trips taken to lakes, beaches, water parks or other residential pools? Yes No
- xii. Any trampolines, gymnastic equipment, moonwalk/bounce equipment, wall climbing, or ball pits? Yes No
- xiii. Any martial arts, gymnastics or contact sports? Yes No
- xiv. Are over the counter drugs dispensed with parents written authorization stating dosage and times within a written log? Yes No
- xv. Are criminal background check investigations conducted on all employees? Yes No
- xvi. Employees under the age of 18 and all volunteers are supervised at all times? Yes No
- xvii. Are permission slips signed by parent/guardian for all trips off premises? Yes No

18. **HIRED AND NONOWNED AUTO:** Check if coverage is desired

Note: If Hired /Nonowned is checked, limit will equal General Liability Occurrence limit. If checked, answer questions a through d:

- a. Does the applicant have a Business (or Commercial) Automobile Insurance Policy in force: Yes No
- b. Does the applicant regularly deliver goods or products? Yes No
- c. Does the applicant require its employees to use their personal automobile to conduct the applicant's business on a regular basis? Yes No
- d. Does the organization have any owned or leased (long-term) autos? Yes No

SECTION III. NON PROFIT DIRECTORS & OFFICERS AND EMPLOYMENT PRACTICES LIABILITY (if eligible)

- 19. Does the Organization engage in any disciplinary actions as a result of peer review activities? Yes No
- 20. Does the Organization administer or sponsor any insurance programs? Yes No
- 21. Is the Organization involved in any accreditation or standard setting activities? Yes No
- 22. Total number of Employees: Full Time _____ Part Time _____ Volunteers _____ Seasonal _____
- 23. Number of members: _____ Number of chapters: _____
If there are chapters, is coverage requested for them under this Policy? Yes No
- 24. Does the Applicant have any Subsidiaries requiring coverage? Yes No
If yes, please complete the Non Profit Subsidiary Addendum (NPSADD).
- 25. Name and title of individual designated to receive all notices on behalf of the Insured: _____
Title _____ Phone Number: _____

26. Directors and Officers Liability Insurance carried:

Insurer	Limits of Liability	Premium	Retention	Policy Period
_____	_____	_____	_____	_____



27. Does the organization currently carry General Liability Insurance? Yes No

28. Please provide the following financial information for the last three (3) years. (If organization in existence less than 3 years please provide Budgeted Revenue/Expense statement for next 3 years.)

Year	Total Revenues	Net Income (Loss)	Current Fund Balance*
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

* Fund balance = Total Assets - Total Liabilities

29. Within the last 5 years, has any inquiry, complaint, notice of hearing, claim or suit been made (including, but not limited to, Equal Employment Opportunity Commission, State Human Rights Boards, Municipal, State or Federal Regulatory Authorities), against the Organization, or any person proposed for Insurance in the capacity of Director, Officer, Trustee, Employee or Volunteer of the Organization? Yes No

(If yes, please forward a completed USLI supplemental claims application.)

30. Is any person proposed for this insurance aware of any fact, circumstance or situation, which may result in a claim against the Organization or any of its Directors, Trustees, Officers, Employees or Volunteers? Yes No

(If yes, please forward a completed USLI supplemental claims application).

Fraud Statement: Any person who knowingly and with the intent to defraud any insurance company or other person, files and application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may subject such person to criminal and/or civil penalties and other sanctions.

Applicant's Warranty Statement: The undersigned represents to the best of his/her knowledge and belief the particulars and statements set forth are true and agree that those particulars and statements are material to the acceptance of the risk assumed by the Company. The undersigned further declares that any claim, incident or event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The signing of the Application does not bind the undersigned to purchase the insurance, nor does the review of the Application bind the Company to issue a policy. It is understood the Company is relying on the Application in the event the Policy is issued. It is agreed that this Application, including any material submitted there with, shall be the basis of the contract should a policy be issued, and may be attached to and become part of the policy.

Virginia Notice: Statements in the application shall be deemed the insured's representations. A statement made in the Application or in any affidavit made before or after a loss under the policy will be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

Minnesota Notice: The clause "and/or authorization or agreement to bind the insurance" is replaced with "authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for may render inaccurate, untrue or incomplete any statement made with the minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for non payment of premium."

Applicant's Signature _____ Title _____ Date _____
(President, Chairperson or Executive Director)

Broker's Signature _____

Some states require that we have the Name and Address of your (Insured's) Authorized Agent or Broker.

Name of Authorized Agent or Broker _____

Address: _____

Mail complete application through local Agent or Broker to: _____

Surplus Line Managers, 152 South Mast Street, P.O. Box 490, Goffstown, NH 03045-0490
Phone: 1-888-258-1776 x 296 Fax: 603-882-1843