



SierraSpecialty

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Churches or Other Houses of Worship Supplemental Application (Complete in addition to ACORD)

GENERAL INFORMATION

1. Name of Applicant: _____
2. Applicant's Web Site Address: _____
- Applicant's Contact Name: _____ Applicant's Contact Phone No.: _____
- Applicant's Contact Email Address: _____

GENERAL LIABILITY COVERAGE

3. Number of Buildings: _____ Total square footage for all buildings combined: _____
4. Number of residential facilities for clergy only: _____
5. Does the applicant have any burial sites/cemeteries? Yes No
 If Yes, number of acres: _____
 If Yes, are they located on the same premises along with the Church/House of Worship? Yes No
 Is burial site/cemetery active? Yes No
6. Check all services that apply and provide details for each:
- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Adult Day Care | <input type="checkbox"/> Children Day Care | <input type="checkbox"/> Events | <input type="checkbox"/> Fair |
| <input type="checkbox"/> Gymnasium | <input type="checkbox"/> Job Training | <input type="checkbox"/> Medical Ministry | <input type="checkbox"/> Missionary Trips |
| <input type="checkbox"/> Overnight/Day Camp | <input type="checkbox"/> Pool | <input type="checkbox"/> Rooming Houses or Halfway Homes | <input type="checkbox"/> School |
| <input type="checkbox"/> Shelter Operation | <input type="checkbox"/> Soup Kitchen | <input type="checkbox"/> Youth/Recreation Center | <input type="checkbox"/> Other |
- If other is checked, please describe: _____

Details of checked items: _____

7. Is a Youth Group Program offered? Yes No
 Age range of children: _____ Number in attendance each week: _____
 Youth Group is run by: _____
 List of activities: _____

8. Do you operate any shelters? Yes No
 If yes, indicate location(s) and number of beds for each: _____
- Is the shelter manned by employees or volunteers, or both? _____
 Are professional counseling services offered? Yes No

9. List all community services provided by your organization: _____
- _____

10. Are any of the premises leased/subleased to others? Yes No
- a. What type of business is the tenant(s) operating? _____
- b. What is the square footage occupied by the tenant(s)? _____
- c. Does the applicant require the tenant(s) to carry general liability insurance with the applicant named as an additional insured? Yes No
11. Does the applicant sponsor any group trips, such as pilgrimages abroad or off site retreats? Yes No
- If yes, please provide details: _____
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- Any overseas missions? Yes No
- If yes, please provide details: _____
-
12. Does the applicant operate Mikvah bath or perform full-immersion baptism baths? Yes No
- Do baths have non-slip floors? Yes No
- Do they have railings? Yes No
- Size of baths: _____
- Is their use limited to religious purposes? Yes No
13. Are any live animals used during religious ceremonies? Yes No
- If yes, please provide details: _____
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14. Does the applicant sponsor any athletic leagues? Yes No
- If yes, please answer the following:**
- Sports played: _____
- Number of participants: _____ Age of participants: _____
- Does the insured require all participants or guardians (if minors are involved) to sign a waiver of Liability prior to participating? Yes No
15. Is there any anticipated construction of new buildings or alterations to existing structures? Yes No
- If yes, please provide details: _____
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16. Does the applicant broadcast on the radio or television? Radio Television Yes No

PROPERTY COVERAGE

(Supplemental questions to the Property Section ACORD 140 Application.)

17. Are any buildings left unlocked when staff is not present? Yes No
18. Is all electrical wiring on circuit breakers? Yes No
19. Is there any aluminum or knob and tube wiring on the property? Yes No
20. Are unattended candles prohibited? Yes No
21. Is there a steeple? Yes No Is it protected by a lightning system bearing the UL label? Yes No
22. Is there commercial cooking equipment? Yes No
- If yes, list equipment, age and condition of all equipment: _____
-
23. Are there any buildings with stained glass? Yes No
- If yes, total value of stained glass: _____
24. Are there any religious artifacts or artwork (including stained glass) located inside or outside of premises? Yes No
- If yes, please provide brief description: _____
-

25. Is there a pipe organ? Yes No
 If yes, total value of pipe organ: _____
26. Has any clergyman, employee, volunteer or other person associated with or working for your organization ever been arrested or convicted of a crime? Yes No
 If yes, give details: _____
27. Has the applicant's facility or any other facility the applicant is associated with had any incidents or claims brought against it for sexual molestation or any other allegation of misconduct? Yes No
 If yes, give details: _____
28. Does the applicant have written guidelines regarding sexual misconduct? Yes No
 Describe all background checks performed (prior history, police reports, references, etc.): _____
29. What steps have been taken to prevent or avoid a sexual misconduct incident?

SEXUAL ABUSE AND MOLESTATION COVERAGE: Sexual Molestation liability is offered for an additional charge.

If Sexual Molestation Coverage is not desired, please check here Coverage is NOT requested.

30. If you would like Sexual Molestation Coverage, please check the limits you are requesting:

- \$25,000/50,000 \$50,000/100,000 \$100,000/300,000

PROFESSIONAL/PASTORAL COUNSELING COVERAGE None **(If checked skip this Section.)**

31. Total number of employees: Full Time _____ Part Time _____ Volunteers _____ Seasonal _____

Position	# of Full Time	# of Part Time	Position	# of Full Time	# of Part Time
Administrators			Counselors		
Camp Counselors			Nurses		
Clergy, Rabbis, Pastors, etc.			Teachers		
Clerical			Volunteers		
Other:					

32. Size of congregation: _____
33. What type of counseling is performed by the applicant's clergy, rabbis, pastors, etc.?
 Crime Drugs/Alcohol Marriage Pregnancy Religious Other _____
 If other, please explain: _____
34. Have all clergy, rabbis, pastors, etc. completed their degree at an accredited theological seminary? Yes No
 If no, describe training clergy, rabbis, pastors, etc. underwent? _____
35. Does the applicant have a master's degree in Pastoral Counseling? Yes No
 Do they meet licensing standards of the AAPC (American Association of Pastoral Counseling)? Yes No
 If no, describe training and experience: _____
36. Are procedures in place to protect confidentiality of clients? Yes No

HIRED AND NONOWNED AUTO COVERAGE

None (If checked skip this Section.)

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

DIRECTORS & OFFICERS LIABILITY COVERAGE AND EMPLOYMENT PRACTICES LIABILITY INSURANCE COVERAGE

If D&O and/or EPLI coverage is desired, provide the following information. If not, sign and date the application.

41. Gross revenue: Next Year \$ _____ Current \$ _____ Previous \$ _____
(If revenue exceeds \$750,000 submit with financials.)

Current Fund Balance: \$ _____
(If the fund balance is negative, submit with financials and an explanation.)

42. Employment Practices Liability Insurance Coverage

If EPLI Coverage is desired, respond to question 42. If not, proceed to Questions 43 - 46 (Claims Section.)

- a. Has there been or is there an anticipated reduction of employees in the past/next (12) months? Yes No
- b. Does the Applicant have a clear procedure in place to report Sexual Harassment and other complaints? Yes No
- c. Does the Applicant have formal written procedures for hiring and firing employees? Yes No

CLAIMS SECTION

43. a. Within the last three (3) 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 Applicant? Yes No

Provide details of each claim on a separate page.

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

Provide details of each potential claim on a separate page.

44. Has any similar insurance on behalf of any person(s) or entity(ies) now sought to be insured been declined, non-renewed, canceled or refused? If yes, provide details. Yes No

45. Current Insurance Company: _____

Policy Period: From: _____ To: _____

Limit: \$ _____ Deductible: \$ _____ Premium: \$ _____

46. Limit of Insurance Requested: \$ _____

NO FACT, CIRCUMSTANCE OR SITUATION INDICATING THE PROBABILITY OF A CLAIM OR ACTION AGAINST WHICH INDEMNIFICATION IS OR WOULD BE AFFORDED BY THE PROPOSED INSURANCE IS NOW KNOWN TO ANY DIRECTOR, OFFICER, TRUSTEE, EMPLOYEE OR VOLUNTEER OF THIS ORGANIZATION, AND IT IS AGREED BY ALL CONCERNED THAT IF THERE BE KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE OR SITUATION, ANY CLAIM OR ACTION SUBSEQUENTLY EMANATING THEREFROM SHALL BE EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE.

The undersigned authorized Officer of the Organization on behalf of the applicant and all persons or concerns seeking insurance, has read and understands the Application and declares that all statements set forth herein are true, complete and accurate. The undersigned further declares and represents that any occurrence or event taking place prior to the issuance of the policy applied for, which may render inaccurate, untrue or incomplete any statement made herein will immediately be reported in writing to the Insurer. The undersigned acknowledges and agrees that the submission and the Insurer's receipt of such written report, prior to the inception to the policy applied for, is a condition precedent to coverage.

The insured hereby further acknowledges that he/she/it is aware that legal defense costs that are incurred shall be applied against the retention amount.

WARNING

FRAUD WARNING: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN 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 IS GUILTY OF INSURANCE FRAUD. THIS IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES. (FOR NEW YORK INSUREDS: AN ACT OF INSURANCE FRAUD SHALL BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED \$5,000 AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.)

Although the signing of this application does not bind the undersigned on behalf of the Directors and Officers and the Organization to effect Insurance, the undersigned, on behalf of the Directors and Officers and the Organization, agrees that this application and the information furnished pursuant hereto shall be the basis of the contract should a policy be issued and this application will become part of the policy. The Insurers are hereby authorized to make any investigation and inquiry in connection with this application, as they may deem necessary.

Signed: _____

(Must be signed by Chairman of the Board, President or Executive Director)

Title: _____

Date: _____