

## Houses of Worship Application

**Coverage(s) Desired:**    ☐ Property    ☐ General liability    ☐ Directors and officers and employment practices liability

### I. INSTANT QUOTE INFORMATION

Applicant's name (include DBA name): \_\_\_\_\_

Location address: \_\_\_\_\_

City: \_\_\_\_\_ Province/Territory: \_\_\_\_\_ Postal code: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ Province/Territory: \_\_\_\_\_ Postal code: \_\_\_\_\_

Website/Social media: \_\_\_\_\_ Year of formation: \_\_\_\_\_ Years at current location: \_\_\_\_\_

Inspection contact name: \_\_\_\_\_ E-mail address: \_\_\_\_\_ Phone: \_\_\_\_\_

How many square feet does the applicant occupy? \_\_\_\_\_ sq. ft.

### Description of operations

**Additional Exposures** (Please check all that apply, and provide additional details in the space below)

<input type="checkbox"/> Parsonage Square feet: _____	<input type="checkbox"/> Apartment # of units: _____ Total square feet: _____	<input type="checkbox"/> Rental dwelling # of units: _____	<input type="checkbox"/> Space leased to others Square feet: _____ Occupancy: _____
<input type="checkbox"/> Overnight mission trips/retreats Annual number: _____	<input type="checkbox"/> Outreach activities Provide details below	<input type="checkbox"/> Food bank Square feet: _____	<input type="checkbox"/> Thrift store Annual Sales: _____
<input type="checkbox"/> Soup kitchen # Meals of served annually: _____	<input type="checkbox"/> Shelter Square feet: _____	<input type="checkbox"/> Cemetery Total acreage: _____	<input type="checkbox"/> Child Care/Day care

☐ Other: \_\_\_\_\_

Full details on above items: \_\_\_\_\_

### Liability Coverage

1. Occurrence/Aggregate limit    ☐ \$1,000,000/\$2,000,000    ☐ \$2,000,000/\$2,000,000    ☐ \$2,000,000/\$5,000,000  
    ☐ \$3,000,000/\$3,000,000    ☐ \$4,000,000/\$4,000,000    ☐ \$5,000,000/\$5,000,000

**Optional Liability Coverages Requested** (Check all that apply)

<input type="checkbox"/> Pastoral professional	<input type="checkbox"/> Hired and non-owned auto	<input type="checkbox"/> Legal defence cost reimbursement
<input type="checkbox"/> Blanket additional insured	<input type="checkbox"/> Employee dishonesty limit \$ _____	<input type="checkbox"/> Money and securities limit \$ _____
Abuse or molestation limit options: <input type="checkbox"/> \$100,000/\$300,000 (automatically included) <input type="checkbox"/> \$300,000/\$600,000 <input type="checkbox"/> \$500,000/\$1,000,000 <input type="checkbox"/> \$1,000,000/\$1,000,000		

**Property Information** (If there are more than three buildings, please provide the below information on a separate sheet)

<b>Cause of Loss</b> <input type="checkbox"/> Basic (Named Perils) <input type="checkbox"/> Special (Broad)	<b>Valuation</b> <input type="checkbox"/> Actual cash value <input type="checkbox"/> Replacement cost	<b>Deductible</b> <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	<b>Coinsurance</b> <input type="checkbox"/> 80% <input type="checkbox"/> 90% <input type="checkbox"/> 100%
---	---	---	---

	<b>Building #</b> _____	<b>Building #</b> _____	<b>Building #</b> _____
<b>Usage</b>			
<b>Location Address</b>			
<b>City/Province/Postal code</b>			
<b>Total square feet</b>			
<b>Building construction</b>			
<b>FUS Grade</b>			
<b>Year built</b>			
<b>Plumbing</b>	<input type="checkbox"/> PVC <input type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input type="checkbox"/> Lead <input type="checkbox"/> Other: _____	<input type="checkbox"/> PVC <input type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input type="checkbox"/> Lead <input type="checkbox"/> Other: _____	<input type="checkbox"/> PVC <input type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input type="checkbox"/> Lead <input type="checkbox"/> Other: _____
<b>Roof type</b>	<input type="checkbox"/> Flat <input type="checkbox"/> Wood shake <input type="checkbox"/> Shingle <input type="checkbox"/> Metal <input type="checkbox"/> Tile <input type="checkbox"/> Slate <input type="checkbox"/> Other: _____	<input type="checkbox"/> Flat <input type="checkbox"/> Wood shake <input type="checkbox"/> Shingle <input type="checkbox"/> Metal <input type="checkbox"/> Tile <input type="checkbox"/> Slate <input type="checkbox"/> Other: _____	<input type="checkbox"/> Flat <input type="checkbox"/> Wood shake <input type="checkbox"/> Shingle <input type="checkbox"/> Metal <input type="checkbox"/> Tile <input type="checkbox"/> Slate <input type="checkbox"/> Other: _____
<b>Roof age</b>	_____ years	_____ years	_____ years
<b>Number of stories</b>			
<b>Is the building fully protected by an operational sprinkler system covering 100% of the premises?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Building limit</b>	\$ _____	\$ _____	\$ _____
<b>Business personal property limit</b>	\$ _____	\$ _____	\$ _____
<b>Central station burglar alarm</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Is there a basement?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Optional Property Coverages** (Check all that apply)

<input type="checkbox"/> Equipment breakdown	<input type="checkbox"/> Earthquake	<input type="checkbox"/> Flood
<input type="checkbox"/> Torah scrolls (\$120,000 maximum limit) limit \$ _____		
<input type="checkbox"/> Business income limit \$ _____	<input type="checkbox"/> Stained glass limit \$ _____	

## Loss History

2. Have there been any losses, claims, or known circumstances that could result in a claim in the past three years? ☐ Yes ☐ No

If "Yes," please provide the following information; additional claims or information may be submitted on separate sheet.

Coverage Type	Date of Loss	Description of Loss	Paid	Reserved	Status
<input type="checkbox"/> Property <input type="checkbox"/> Liability			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Property <input type="checkbox"/> Liability			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Property <input type="checkbox"/> Liability			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed

## II. ELIGIBILITY CRITERIA

3. Are there past, pending or planned foreclosures and/or bankruptcies or judgments for unpaid taxes against the named insured or any officer, partner, member or owner, individually within the past five years? ☐ Yes ☐ No
4. Do all public areas, occupancies and/or habitational units have functioning and operational smoke and/or heat detectors? ☐ Yes ☐ No
5. Has insurance coverage been cancelled or non-renewed in the past three years? ☐ Yes ☐ No
- If "Yes," please provide the reason: \_\_\_\_\_
6. Does any building built prior to 1978 have aluminum wiring or knob and-tube wiring? ☐ Yes ☐ No
7. For any building built prior to 1978, is 100% of the wiring on functioning and operational circuit breakers? ☐ Yes ☐ No

### General Liability

8. Are there at least two means of egress (exits) for every floor with public access? ☐ Yes ☐ No
9. Do operations include faith healing, physical healing of disability/disease/illness or healing room ministries? ☐ Yes ☐ No
10. Do operations include a campground, a grade/high school, a convent, a monastery, missionary housing, a retreat house, or a retreat centre? ☐ Yes ☐ No
11. Does the organization engage in any international travel or activities? ☐ Yes ☐ No
12. Have there been any actual incidents of alleged molestation or abuse in the past, or are there any currently under investigation? ☐ Yes ☐ No
13. Are all exit signs on the premises illuminated? ☐ Yes ☐ No
14. Are any renovations or other construction projects anticipated in the next 12 months? ☐ Yes ☐ No

### Abuse and Molestation Liability

15. Are all prospective employees required to have their prior employment and personal references verified? ☐ Yes ☐ No
16. Except for a bona fide counselling session, are minors ever left alone with only one adult in any program, service, event or other activity sponsored by the organization? ☐ Yes ☐ No
17. Is there a policy/procedure that is followed for the proper supervision of employees and volunteers who are in direct contact with minors and other individuals in all programs, services, events or other activities? ☐ Yes ☐ No
18. Does the hiring process for employees and volunteer workers include questions about whether the individual has ever been convicted of any crime or involved in any lawsuit, claim or charge involving sexual abuse, sexual molestation or sexual misconduct? ☐ Yes ☐ No

### Pastoral Professional Liability

19. Does the organization have more than five pastors/clergy on staff at any one location? ☐ Yes ☐ No
20. Are there procedures in place to protect the confidentiality of members? ☐ Yes ☐ No
21. Are there any prior allegations, claims or suits as a result of counselling services? ☐ Yes ☐ No

### Hired And Non-Owned Auto Liability

22. Is there a commercial auto insurance policy in force? ☐ Yes ☐ No
23. Are employees or volunteers required to use their personal automobiles to conduct the applicant's business on a regular basis? ☐ Yes ☐ No
24. Are vehicles used to transport people or deliver goods or products on a regular basis? ☐ Yes ☐ No

### III. NONPROFIT DIRECTORS AND OFFICERS AND EMPLOYMENT PRACTICES LIABILITY

25. Is any entity proposed for insurance involved in research, development or testing? ☐ Yes ☐ No
26. Is any entity proposed for insurance involved in certification, accreditation or standard-setting? ☐ Yes ☐ No
27. Is any entity proposed for insurance involved in disciplinary actions as a result of peer review activities? ☐ Yes ☐ No
28. Has any entity proposed for insurance closed, downsized, laid off, reduced staff, sold, merged with or acquired any company in the past 12 months or anticipates doing so in the next 12 months? ☐ Yes ☐ No
29. Has the applicant separated or does the applicant plan on separating from their parent organization/governing body? ☐ Yes ☐ No
30. Does the applicant have any Subsidiaries requiring coverage?  
*If "Yes," please complete the Nonprofit Subsidiary Addendum (NPSADD).* ☐ Yes ☐ No
31. Does the organization currently carry general liability insurance? ☐ Yes ☐ No
32. Is any entity proposed for insurance involved in administration or sponsorship of any insurance programs? ☐ Yes ☐ No
33. Is the organization a registered charity or Nonprofit Organization as described under subsection 149 (1) of the Income Tax Act in Canada? ☐ Yes ☐ No
34. Has any policy for Directors and Officers or Employment Practices Liability ever been cancelled or non-renewed? ☐ Yes ☐ No
- If "Yes," please provide the reason: \_\_\_\_\_
35. Does the organization perform any operations located outside of Canada? ☐ Yes ☐ No
36. Is any entity proposed for insurance involved in labour/union negotiations or collective bargaining? ☐ Yes ☐ No
37. Please provide the following financial information for the last three (3) years. (If organization in existence less than three years please provide Budgeted Revenue/Expense statement for next three years.)

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

\* Fund balance = total assets - total liabilities

38. Has the applicant or any person proposed for coverage (whether or not in the service of the applicant) been the subject of or been involved directly or indirectly in any civil, criminal, regulatory, legislative, or administrative proceeding(s)? ☐ Yes ☐ No
39. Within the past five 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.*
40. 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.*

### FULL DISCLOSURE

I, the Applicant, and the Insured if the Insurer has requested information from it, have reviewed all parts of and attachments to this application and declare that all of the information is true and correct even if the information has been entered or suggested by the representative of the Insurer or by the insurance broker. I understand that acceptance of this application for insurance is based on the truth and completeness of this information, and that if I falsely describe the property to the prejudice of the Insurer, or misrepresent or fraudulently omit to communicate any circumstance that is material to be made known to the Insurer in order to enable it to judge of the risk to be undertaken, the contract may be void in whole or as to any property in relation to which the misrepresentation or omission is material.

Any fraud or willfully false statement in a statutory declaration in relation to any of the particulars required by applicable conditions, statutory or otherwise, to be specified in relation to a claim, vitiates the claim of the person making the declaration.

### PERSONAL INFORMATION CONSENT

I am providing personal information of individuals in this form to apply for insurance. The personal information collected will be used for the purpose of this application or any renewal or change in coverage. I consent and authorize my broker, agent or insurer to the following:

- i) To collect, use and disclose personal information on this form to, from and between insurers and other appropriate parties, subject to my broker's, agent's and the insurer's policy regarding personal information. Such personal information will include policy history, loss history and rating information.
- ii) That these collections, uses and disclosures are for the purposes necessary to communicate with me and the listed applicants, assess, manage and underwrite risk, determine a premium, determine eligibility and conditions for a premium payment plan, investigate and settle claims, analyze business results, detect and prevent fraud, as permitted by law.

I declare that all individuals whose personal information is contained in this form have authorized me to consent to i) and ii) above on their behalf.

I may obtain a copy of or ask questions about my broker's, agent's or insurer's personal information policies by contacting their Chief Compliance Officer.

Applicant's Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
(Principal, Partner or Officer)

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

If your province/territory requires a countersignature from your authorized retail agent or broker, please provide below.

Agency name: \_\_\_\_\_ Agent's signature: \_\_\_\_\_  
(Required in Prince Edward Island and Saskatchewan)