

APPLICATION FOR PLACES OF WORSHIP

Please answer the following question on behalf of your organization.

1. General Information

Name of Broker & Producer _____

Full name of Place of Worship _____

Risk Location Address _____ Postal Code _____

Mailing Address of Risk (if different from above) _____ Postal Code _____

Name & Mailing Address of Mortgagee/Loss Payee _____ Postal Code _____

Internet Web-Site address _____

Effective Date _____

Contact Name (& title) _____

Email address of Contact person _____ Telephone # _____

2. Coverage Requirements - Property / Religious Income / Liability

Please indicate product selected - FAITH PROTECT PLUS or FAITH PROTECT

Please refer to the product highlight brochure for explanation on loss settlement, coverage highlights and Automatic Extensions of coverage Included in each product.

	Building #1 (Place of Worship)	Building #2 (Detached Manse)	Building #3 (Detached Hall)
Building Limit (Including Tenant's Improvements)	\$	\$	\$
Building Loss Settlement Basis: Replacement Cost or Agreed Value: (Functional Replacement Cost or Market Salvage Value)			
Contents Limit (excluding pipe organ, stained glass and religious artifacts)	\$	\$	\$
Pipe Organ Limit	\$	NOT APPLICABLE	\$
Stained Glass Limit	\$	\$	\$
Religious Artifacts Limit	\$	\$	\$
Personal Contents of Manse Resident(s)	NOT APPLICABLE	\$	NOT APPLICABLE

Deductible: \$1,000 \$2,500 \$5,000 \$10,000 Other _____

Flood Coverage? Yes No Earthquake Coverage? Yes No

3. Loss of Religious Income

Coverages	Limits Included in 'Faith Protect Plus'	Higher Limits required? (Insert Limit)	Limits Included in 'Faith Protect'
Loss of Religious Income - Including Rents	\$50,000 inclusive limit	\$	\$10,000
Extra Expense	For basket of business	\$	\$2,500
Professional Fees	Interruption coverages	\$	\$2,500
Expediting Expenses	As hi-lited	\$	\$2,500
Additional Living Expense for Manse Resident	Included in basket	\$	Maximum \$5,000

4. Crime			
Coverages	Limits Included in 'Faith Protect Plus'	Higher Limits required? (Insert Limit)	Limits Included in 'Faith Protect'
Broad Form Money & Securities (Inside)	\$20,000	\$	\$2,500
Broad Form Money & Securities (Outside)	\$20,000	\$	\$2,500
Money Orders & Counterfeit paper Currency	\$20,000	\$	\$2,500
Depositor's Forgery	\$20,000	\$	\$2,500
Employee Dishonesty	\$20,000	\$	\$2,500
Increase in Broad Form Money - Religious Holidays/ Special Events	50% of Insured Limit	\$	NIL

5. Liability	
Coverages	Limits
Commercial General Liability	\$ Occurrence/Aggregate
Tenant's Legal Liability (Broad Form)	\$250,000 limit automatically included Higher Limit required? \$

Please Refer To Product Highlight Brochure For Coverages Which Are Automatically Included

6. Property Risk Information - Building #1 (Please complete supplement(s) for additional buildings)

Building occupied as _____ Year Built _____

Number of Storeys _____ Total area _____ square meters

Is building protected by a Burglary alarm? Yes No

If Yes, is it monitored? Yes No (rings off site station), or local (rings only at premises)

Is building protected by a Fire alarm system? Yes No If yes, is it monitored or local?

Building Construction (Select one, if mixed, indicate percentage applicable to each type)

Fire Resistive (concrete walls, roof, floors)	
Non-Combustible (masonry walls, steel deck roof, concrete floors)	
Masonry (Masonry walls, wood floors/roof)	
Brick Veneer (frame walls with brick veneer, wood roof/floors)	
Frame (walls, roof/floor all of combustible materials)	

Distance to fire hydrants _____ Meters Is building sprinklered: Yes No

Distance to full-time Firehall _____ kilometers Or If yes, what percentage of building is protected? _____

Distance to Volunteer Firehall _____ kilometers Is system monitored? Yes No

Type of heating system (select one): Steam Hot Water Forced Air Electric

Other (describe) _____

Type of secondary heating system, if any: _____

Is Building Historically listed? Yes No

Any cooking on premises? Yes No

If yes, is there a CO2 extinguishing system with a semi-annual maintenance contract in place? Yes No

Does building have Stained Glass windows? Yes No If yes, total area _____ square meters

Does building have wooden pews? Yes No If yes, type of wood _____ Number _____ Length _____

Does building have a Pipe Organ? Yes No If yes, name of manufacturer: _____

Serial # _____ Number of stoppers: _____

6. Property Risk Information - Building #1 (continued)

Is Boiler and Machinery Coverage required? Yes No (if yes, complete below)

Any pressure vessels over 24-inch in diameter? Yes No If yes, please provide details: _____

Is food spoilage coverage required? Yes No If yes, maximum value of contents: \$ _____

Any major equipment breakdowns or claims within last 5 years? Yes No If yes, please provide details: _____

7. Crime Coverage Information

Are cheques counter-signed? Yes No Maximum amount of cash kept on premises at any one time : \$ _____

Is cash and other securities kept in a money-safe with a combination lock? Yes No

8. Liability Risk Information

Please advise the number of people attending your place of worship on a weekly basis in the following categories:

Clergy _____ Congregation in full _____ Annual Operating Budget: \$ _____

Do you operate any income generating activities? Yes No (example: wedding receptions; banquets)

If yes, please provide full details: _____

Do you rent out space to community groups? Yes No If yes, please provide details: _____

If premises rented to third parties for banquets what are annual revenues generated? \$ _____

Is liquor served? Yes No If yes, please provide the following information:

i) is liquor permit obtained by third party? Yes No

ii) Who serves liquor? _____

iii) Is proof of liquor liability insurance provided? Yes No

iv) What type of functions is liquor served at (eg. Weddings, banquets etc.)? _____

Day-care or School operated (other than Sunday school)? Yes No If yes, please complete Day Care supplement.

Is there a cemetery? Yes No

Summer Camp? Yes No If yes, please complete camp supplement.

Outreach or overseas missionary programmes? Yes No If yes, please provide details -on separate sheet if necessary:

Are fees charged for counseling services? Yes No

Do any persons other than ordained religious leaders provide counseling? Yes No If yes please provide details:

9. Non-Owned Automobile Information

Do employees/volunteers regularly use their personal vehicles for religious institution business? Yes No

Are 15 seat passenger vans rented or borrowed? Yes No

If yes, do you confirm that a minimum of \$2 million third party liability is in force? Yes No

Are buses rented/loaned or chartered? Yes No

If yes, do you confirm that a minimum of \$5 million third party liability is in force? Yes No

Any U.S.A. exposure? Yes No

If yes, please provide details: _____

Do you check motor vehicle abstracts for people who will be transporting passengers on religious institution trips? Yes No

IF YOU REQUIRE QUOTATION(S) FOR UMBRELLA LIABILITY, DIRECTOR'S & OFFICER'S LIABILITY OR ABUSE COVERAGES PLEASE COMPLETE SEPARATE APPLICATIONS

10. Previous Insurance and Claims Experience Information

Name of Prior Insurer? _____

Policy Number _____ Number of years insured with prior insurer? _____

Expiry date of policy _____ Expiring premium \$ _____

Has any Insurance Company cancelled or declined to renew an insurance policy for applicant? Yes No

If yes, please provide details of the circumstances: _____

Please provide information for all claims in the last five years. If no claims, please check

Date of claim	Description	Amount Paid or reserved
(mm/dd/yyyy)		
(mm/dd/yyyy)		
(mm/dd/yyyy)		

Broker information - Is this new business to your office? Yes No

Please attach color photographs of each building to be insured - one each of front and rear and a copy of the most recent building appraisal if the building is to be insured.

To Be Completed by Applicant

The undersigned authorized officer of the organization declares that, to the best of his/her knowledge, the statements set forth herein are true. Signing of this proposal does not bind the Insurer to offer, nor the applicant to accept insurance, but, it is agreed that this form shall be the basis of the contract should a policy be issued.

Date

Signature of Officer

Title