

Church Property Report

NOTE - FOR PROPER UNDERWRITING & EVALUATION PURPOSES, THIS REPORT MUST BE FULLY COMPLETED AND BE ACCOMPANIED BY PHOTO & ACCURATE DIAGRAM

Broker _____ Producer _____
Phone Number _____ Email Address _____
Name of Insured to appear on policy _____

Loss payable to: _____
Location (full address) of Building #1 _____ Location of Building #2 _____
Location of Building #2 _____ Location of Building #2 _____

Complete for <u>each</u> building	Building #1 Church	Building #2 Hall	Building #3 Manse/Rectory	Building #4 (specify)
Year Built (approx)				
Height (# of storeys excl. basement)				
Basement?	<input type="checkbox"/> None <input type="checkbox"/> Full <input type="checkbox"/> Part (Show "part" on diagram)	<input type="checkbox"/> None <input type="checkbox"/> Full <input type="checkbox"/> Part (Show "part" on diagram)	<input type="checkbox"/> None <input type="checkbox"/> Full <input type="checkbox"/> Part (Show "part" on diagram)	<input type="checkbox"/> None <input type="checkbox"/> Full <input type="checkbox"/> Part (Show "part" on diagram)
Ground floor area or exterior dimensions				
Building condition and repair?	<input type="checkbox"/> Satis. <input type="checkbox"/> Unsatis.	<input type="checkbox"/> Satis. <input type="checkbox"/> Unsatis.	<input type="checkbox"/> Satis. <input type="checkbox"/> Unsatis.	<input type="checkbox"/> Satis. <input type="checkbox"/> Unsatis.
Exterior wall construction (specify)	<input type="checkbox"/> Brick, stone, C.B.B.F., Concrete <input type="checkbox"/> Veneer (stone, brick or frame) <input type="checkbox"/> Wood <input type="checkbox"/> other -	<input type="checkbox"/> Brick, stone, C.B.B.F., Concrete <input type="checkbox"/> Veneer (stone, brick or frame) <input type="checkbox"/> Wood <input type="checkbox"/> other -	<input type="checkbox"/> Brick, stone, C.B.B.F., Concrete <input type="checkbox"/> Veneer (stone, brick or frame) <input type="checkbox"/> Wood <input type="checkbox"/> other -	<input type="checkbox"/> Brick, stone, C.B.B.F., Concrete <input type="checkbox"/> Veneer (stone, brick or frame) <input type="checkbox"/> Wood <input type="checkbox"/> other -
Roof construction (specify)	<input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Metal Deck <input type="checkbox"/> Other	<input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Metal Deck <input type="checkbox"/> Other	<input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Metal Deck <input type="checkbox"/> Other	<input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Metal Deck <input type="checkbox"/> Other
Roof, thickness, support, covering (specify)				
Interior wall finish (specify)				
Interior ceiling finish (specify)				
Floor construction and thickness (specify)				
Steeple? Height in feet & construction	<input type="checkbox"/> Yes <input type="checkbox"/> No Height Constr	<input type="checkbox"/> Yes <input type="checkbox"/> No Height Constr	<input type="checkbox"/> Yes <input type="checkbox"/> No Height Constr	<input type="checkbox"/> Yes <input type="checkbox"/> No Height Constr
Properly grounded lightning rods?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heating (show <u>number</u> of units)	<input type="checkbox"/> Hot water or steam <input type="checkbox"/> Hot air (forced, gravity) <input type="checkbox"/> Stoves <input type="checkbox"/> Perm. Electric	<input type="checkbox"/> Hot water or steam <input type="checkbox"/> Hot air (forced, gravity) <input type="checkbox"/> Stoves <input type="checkbox"/> Perm. Electric	<input type="checkbox"/> Hot water or steam <input type="checkbox"/> Hot air (forced, gravity) <input type="checkbox"/> Stoves <input type="checkbox"/> Perm. Electric	<input type="checkbox"/> Hot water or steam <input type="checkbox"/> Hot air (forced, gravity) <input type="checkbox"/> Stoves <input type="checkbox"/> Perm. Electric
Type of fuel used?				
Good condition & Maintenance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire resistive cut-off room?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Continued		Building #1	Building #2	Building #3	Building #4
Adequate clearances from combustibles?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chimney or vent? (type)					
Electric Wiring (type)		<input type="checkbox"/> Rigid cond. <input type="checkbox"/> Romex	<input type="checkbox"/> BX Cable <input type="checkbox"/> Other	<input type="checkbox"/> Rigid cond. <input type="checkbox"/> Romex	<input type="checkbox"/> BX Cable <input type="checkbox"/> Other
Properly fused?		<input type="checkbox"/> Circuit breakers <input type="checkbox"/> Ord. fuses <input type="checkbox"/> 's' type	<input type="checkbox"/> Circuit breakers <input type="checkbox"/> Ord. fuses <input type="checkbox"/> 's' type	<input type="checkbox"/> Circuit breakers <input type="checkbox"/> Ord. fuses <input type="checkbox"/> 's' type	<input type="checkbox"/> Circuit breakers <input type="checkbox"/> Ord. fuses <input type="checkbox"/> 's' type
Professionally inspected? (show date)		<input type="checkbox"/> Yes Date: <input type="checkbox"/> No	<input type="checkbox"/> Yes Date: <input type="checkbox"/> No	<input type="checkbox"/> Yes Date: <input type="checkbox"/> No	<input type="checkbox"/> Yes Date: <input type="checkbox"/> No
Sprinkler System?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire detection or other alarm system?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe fire detection installation, alarms, etc. in full					
Fire hall within 5 miles?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
# of hydrants within 500'?		<input type="checkbox"/> none	<input type="checkbox"/> none	<input type="checkbox"/> none	<input type="checkbox"/> none
Mains 6" or larger?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Standpipe and hose?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number & Type of extinguishers (specify)		Number	Number	Number	Number
Date last serviced					
Closing time inspection made daily?		<input type="checkbox"/> Full <input type="checkbox"/> None	<input type="checkbox"/> Full <input type="checkbox"/> None	<input type="checkbox"/> Full <input type="checkbox"/> None	<input type="checkbox"/> Full <input type="checkbox"/> None
Building locked?		<input type="checkbox"/> Nights <input type="checkbox"/> Days	<input type="checkbox"/> Nights <input type="checkbox"/> Days	<input type="checkbox"/> Nights <input type="checkbox"/> Days	<input type="checkbox"/> Nights <input type="checkbox"/> Days
Burglar alarms, watchman, other security (describe)					
Kitchen(s)		<input type="checkbox"/> Yes <input type="checkbox"/> No	Give number, frequency of use, type cooking, protection		
Organ		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give FULL details (mfg., type, age, no of stops/ranks, condition, value if known)		
Day Nursery		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give FULL details, operated by (insured, Private,) name, which building etc.?		
Drop in centre		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give FULL details, which building, extent, etc.		
Premises rented to others?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe		
Church counseling?		<input type="checkbox"/> Yes <input type="checkbox"/> No	# of counselors		
Church membership	Number	<input type="checkbox"/> Stable <input type="checkbox"/> Decreasing	Candles used? <input type="checkbox"/> Yes <input type="checkbox"/> No	During services only? <input type="checkbox"/> Yes <input type="checkbox"/> No	Incense Braziers? <input type="checkbox"/> Yes <input type="checkbox"/> No
Seating capacity	Number	<input type="checkbox"/> Pews <input type="checkbox"/> Chairs	Cemetery? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give size, location, supervision	

Replacement Values	Bldg	\$	Bldg	\$	Bldg	\$	Bldg	\$
	Cont	\$	Cont	\$	Cont	\$	Cont	\$
	Organ	\$	Organ	\$	Organ	\$	Organ	\$

How were these values arrived at? (If available, attach professional calculation - to be returned)

Loss Record

Present Insurance Company Policy No.

General Remarks
 Fire, vandalism, theft, liability, describe any alterations or additions in progress or proposed; number and sizes of any memorial windows)

Signature of Producer Date Telephone # and name of Church officer, etc. to contact for inspection, if required.

Application for Limited and Conditional Coverage for Physical and Sexual Abuse

Instructions

- A. Answer all questions. If the answer is NONE, please state NONE.
- B. If the space to answer any question fully is insufficient, attach a separate sheet.
- C. The application must be signed and dated by the owner, partner, or officer and by a human resources or personnel officer.
- D. PLEASE READ CAREFULLY, THE STATEMENT AT THE END OF THIS APPLICATION

1. Applicant Name: _____
 Address: _____

2. Name & title of person to contact: _____

3. Describe the applicant's operations and give number of locations _____

4. Coverages Desired **NOTE: IF NO PRIOR COVERAGE, RETROACTIVE DATE MUST BE POLICY INCEPTION DATE**

Limit of Liability	Deductible	Proposed Effective Date	Retroactive Date
\$	\$	Day/Month/Year	Day/Month/Year

5. Do you currently carry physical & Sexual abuse insurance? Yes No If yes, please provide details to the Insurer: the limits of liability, deductibles, retroactive date and premium. _____

6. Number of full time employees: _____ Number of part time employees: _____
 How many authority figures are involved with children? (ie. Clergy, teachers, Aides and volunteers responsible for the well being of children) _____

7. a Regardless of whether or not you had insurance, on a separate sheet, please furnish a first dollar Loss History for all claims reported in the past five (5) years. If there were no claims state NONE.

b For any claim(s) paid or reserved in excess of \$10,000 on a separate sheet, provide: (1) the date of loss; (2) a complete description of the loss, (3) the amount paid or reserved (including expenses), and (4) the valuation date for each such claim.

c Has there ever been a claim against you for \$100,000 or more? _____

d Are you aware of any facts, incidents, or circumstances which may result in claims being made against you? Yes No
 If yes, please explain on a separate page.

The applicant understands and agrees that if any facts, incidents or circumstances exist which are likely to give rise to a claim under this policy, then any claims arising from such facts, incidents or circumstances are excluded from coverage under this proposed policy.

8 Human Resources

a. Do you have a Human Resources or Personnel Department? Yes No
 How many employees in this department? _____

If no, provide details on handling of this function on a separate sheet.

b. Do you make use of tests to screen applicants? Yes No If yes, please explain on a separate page.

c. Do you distribute an employee handbook to your employees? Yes No

d. Do you have a formal orientation program for all new employees? Yes No If yes, provide details on a separate page

e. Do you conduct regular written performance evaluation of all your employees? Yes No

f. Do you have formal policies or procedures regarding the following:
 Sexual Harassment? Yes No

The handling of employee complaints of discrimination or sexual harassment? Yes No

If you answered yes to any of the items in the above question 8 f), please provide copies of such policies together with information regarding the distribution of such policies for you employees, eg. Notices on bulletin boards annual distribution to all employees etc.

9	Claims Handling Procedures		
a	Who in the Insured organization has been designated to handle claims?		
	Name: _____	Title _____	
b	Address: _____		
c	Phone #: _____	Fax # _____	Email _____
d	With respects to claims, incidents, etc. do you have a written procedure for obtaining information?		<input type="checkbox"/> Yes <input type="checkbox"/> No
e	Have you made all personnel aware of your requirement for prompt notice?		<input type="checkbox"/> Yes <input type="checkbox"/> No

This application will only be processed if the following APPLICABLE information is included. Failure to include the APPLICABLE information for any company to be covered by this insurance will delay the issuance of a quote until the information is received or will result in a quote excluding the company(ies) for which the information has not been received.

Indicate attachment by an (X) in the applicable box:

- Employment Application Form Supervisory Manuals Employees Handbook, manual and work rules

The applicant warrants to the best of it's knowledge and belief that the statements set forth herein are true and include all material information.

The applicant further warrants that if the information supplied on this application changes between the date of this application and the inception date of the policy period, it will immediately notify Ecclesiastical Insurance Office plc of such change.

The signing of this application does not bind the Company to offer nor the applicant to accept insurance, but it is agreed that this application shall be the basis of the insurance should a policy be issued.

Note: Both Signature Lines must be completed

Date

Applicant's authorized signature of an Officer

Date

Applicant's authorized signature of individual in charge of
Human Resources or personnel department