



APPLICATION FOR PLACES OF WORSHIP

This application is for the following lines of cover: Property, Machinery & Equipment Breakdown, Crime, and Commercial General Liability.

- Please answer the following questions on behalf of your organization
- The application must be signed and dated by an authorized officer of the organization
- If the space to answer any questions fully is insufficient, please attach a separate document

Please check box if separate document has been attached

GENERAL INFORMATION

Name of broker/producer						
Full legal name of the applicant						
Risk location address (attach schedule if multiple locations)						
Address						
City		Province		Postal code		
Mailing address (if different from above)						
Address						
City		Province		Postal code		
Website						
Contact Name						
Title						
Telephone						
Email address						
Does the organization operate as a registered charity in Canada?					Y <input type="checkbox"/>	N <input type="checkbox"/>
If yes, please provide CRA business number/registration number:						
Has the organization's charitable status ever been revoked?					Y <input type="checkbox"/>	N <input type="checkbox"/>
If yes, please provide details						

PREVIOUS INSURANCE AND CLAIMS EXPERIENCE INFORMATION

Current property insurer				Expiry date of policy		
Current liability insurer				Expiry date of policy		
Has any insurer cancelled or declined to renew an insurance policy for the applicant in the past 5 years?					Y <input type="checkbox"/>	N <input type="checkbox"/>
If yes, please provide details						
Please provide information for all claims in the last five (5) years, by coverage.				If no claims, please check <input type="checkbox"/>		
Date of claim	Description				Amount Paid or Reserved	
					\$	
					\$	
					\$	
					\$	
					\$	

RISK INFORMATION: PROPERTY (LOCATION 1)

For multiple locations or structures, please fill out the Additional Structures Addendum.
Please provide a picture of each building and a copy of the most recent building appraisal if the building is to be insured.

Building construction (if mixed construction, please indicate percentage applicable to each type)

Fire resistive (concrete wall, roof, floors)	%
Masonry non-combustible (masonry walls, steel deck roof, concrete floors)	%
Masonry (masonry walls, wood floors and roof)	%
Steel on steel (non-combustible walls, roof and floors with non-combustible supports)	%
Brick veneer (frame walls with brick veneer, wood floors/roof)	%
Frame (walls, floors/ roof all of combustible materials)	%

Building occupied as _____

Year built _____

Is building vacant? Y N

Number of storeys _____

Total area of building (all floors, including basement) _____ m²

If the building was constructed over 25 years ago, have the following been upgraded or replaced?

Roof	Y <input type="checkbox"/>	N <input type="checkbox"/>	If yes, year	
Electrical	Y <input type="checkbox"/>	N <input type="checkbox"/>	If yes, year	
Plumbing	Y <input type="checkbox"/>	N <input type="checkbox"/>	If yes, year	
Heating	Y <input type="checkbox"/>	N <input type="checkbox"/>	If yes, year	

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

Fuel Gas Electric Oil Wood Other Please describe: _____

Type of secondary heating, if any _____

Municipal water supply? Y N

Number of fire hydrants within 150 metres _____

Distance to fire hall _____ km

Is the building protected by an automatic sprinkler system? Y N

If yes, extent of protection 100% Partial

If partial, please describe (e.g. common areas only) _____

Does sprinkler system have monitored alarm protection? Y N

Is building protected by a fire alarm system? Y N

If yes, is fire alarm monitored? Y N

Is building protected by an intrusion alarm? Y N

If yes is the intrusion alarm monitored? (Yes: rings to offsite location. No: rings only at premises) Y N

Is building locked when not in use? Y N

Do you have a working sump pump in your building? Y N

If yes, does it have a backup battery / generator / other power source? Y N

Is it alarmed? Y N

Does your building have a backflow valve installed on the sanitary sewer line? Y N

Do you have water sensors installed in your building? Y N

If yes, how many? _____ Are the water sensors monitored? Y N

Do the sensors automatically shut off the main water line when activated?		Y <input type="checkbox"/>	N <input type="checkbox"/>
Is there a designated person in place for security/maintenance?		Y <input type="checkbox"/>	N <input type="checkbox"/>
Any cooking on premises?		Y <input type="checkbox"/>	N <input type="checkbox"/>
If yes, is there an automatic extinguishing system with a semi-annual maintenance contract in place?		Y <input type="checkbox"/>	N <input type="checkbox"/>
Is the building(s) equipped with a lightning protection system that meets the requirements of the local Provincial Act?		Y <input type="checkbox"/>	N <input type="checkbox"/>
Is building historically listed?		Y <input type="checkbox"/>	N <input type="checkbox"/>
Does building have stained glass windows?		Y <input type="checkbox"/>	N <input type="checkbox"/>
If yes, total area		m ² <input type="checkbox"/>	ft ² <input type="checkbox"/>
Does building contain wooden pews?		Y <input type="checkbox"/>	N <input type="checkbox"/>
If yes, type of wood			
Number of pews			
Length of pews			
Does building have a pipe organ?		Y <input type="checkbox"/>	N <input type="checkbox"/>
If yes, name of manufacturer			
Serial number			
Number of stops			
Are candles used?		Y <input type="checkbox"/>	N <input type="checkbox"/>
If yes, are they used only during service?		Y <input type="checkbox"/>	N <input type="checkbox"/>
Are there written policies/procedures for the use of open flames?		Y <input type="checkbox"/>	N <input type="checkbox"/>
Is there an underground tank on premises?		Y <input type="checkbox"/>	N <input type="checkbox"/>
If yes, please indicate	Construction type		
	Fuel type		
	Age		
	How often serviced		
RISK INFORMATION: MACHINERY& EQUIPMENT BREAKDOWN			
If coverage is required, please complete the following section			
Does the facility have a boiler(s)?		Y <input type="checkbox"/>	N <input type="checkbox"/>
If yes, please provide a contact <i>name</i> and <i>phone number</i> for inspection purposes			
Name		Phone	
Any pressure vessels over 24 inches in diameter (expansion tank, hot water tank, etc.)?		Y <input type="checkbox"/>	N <input type="checkbox"/>
If yes, please provide details			
Any pressure vessels(s) equipped with a quick opening door (autoclave)?		Y <input type="checkbox"/>	N <input type="checkbox"/>
Any pressure vessels used in ammonia service?		Y <input type="checkbox"/>	N <input type="checkbox"/>
Is food spoilage coverage required?		Y <input type="checkbox"/>	N <input type="checkbox"/>
If yes, what is maximum value of contents		\$	
RISK INFORMATION: CRIME			
Are cheques countersigned?		Y <input type="checkbox"/>	N <input type="checkbox"/>
Are bank accounts reconciled by someone not authorized to withdraw or deposit?		Y <input type="checkbox"/>	N <input type="checkbox"/>
If yes, how often?			
Maximum amount of cash kept on premises at any one time		\$	

Are cash and other securities kept in a money-safe with a combination lock?		Y <input type="checkbox"/>	N <input type="checkbox"/>
Is there an audit by an independent CA, CMA, CGA, public accountant or equivalent		Y <input type="checkbox"/>	N <input type="checkbox"/>
If yes, how often?			
If no, is there an internal audit?		Y <input type="checkbox"/>	N <input type="checkbox"/>
RISK INFORMATION: LIABILITY			
Please advise the number of		#	
Clergy			
Congregation			
Average attendance			
Annual operating budget		\$	
Does the applicant operate any income generating activities?		Y <input type="checkbox"/>	N <input type="checkbox"/>
If yes, please provide full details including number of events and annual revenue			
Does the applicant rent out space to community groups?		Y <input type="checkbox"/>	N <input type="checkbox"/>
If yes, certificate (s) of liability insurance obtained?		Y <input type="checkbox"/>	N <input type="checkbox"/>
If yes, please provide details including number of events and annual revenue			
Is liquor served?		Y <input type="checkbox"/>	N <input type="checkbox"/>
If yes, please provide the following information			
Liquor is served by:	The organization's staff <input type="checkbox"/> A third party <input type="checkbox"/>		
If liquor is served by the applicant please answer the following:	Does applicant hold a liquor service license?	Y <input type="checkbox"/>	N <input type="checkbox"/>
	Are all liquor service staff certified by a provincially-approved program (e.g. smart serve)?	Y <input type="checkbox"/>	N <input type="checkbox"/>
If liquor is served by a third party please answer the following:	Does applicant request a certificate of insurance?	Y <input type="checkbox"/>	N <input type="checkbox"/>
	Are all liquor service staff certified by a provincially-approved program (e.g. smart serve)?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Is there a Day-care or school operated (other than a faith-based youth school)? <i>If yes, please complete separate supplement.</i>		Y <input type="checkbox"/>	N <input type="checkbox"/>
Is there a cemetery?		Y <input type="checkbox"/>	N <input type="checkbox"/>
If yes, at same location?		Y <input type="checkbox"/>	N <input type="checkbox"/>
If no, please provide address			
Summer camp? <i>If yes, please complete camp supplement.</i>		Y <input type="checkbox"/>	N <input type="checkbox"/>
Are there any outreach or overseas missionary programs, youth activities, or trips?		Y <input type="checkbox"/>	N <input type="checkbox"/>
If yes, please provide details			
Are fees charged for counselling services?		Y <input type="checkbox"/>	N <input type="checkbox"/>
Do any persons other than ordained religious leaders provide counselling?		Y <input type="checkbox"/>	N <input type="checkbox"/>
If yes, please provide details			
Snow & ice removal plan in place?		Y <input type="checkbox"/>	N <input type="checkbox"/>
Is there a written contract in place with a contractor for removal of snow and ice?		Y <input type="checkbox"/>	N <input type="checkbox"/>

NON-OWNED AUTOMOBILE INFORMATION

Personal Vehicles

Number of employees who regularly use their personal vehicles for religious institution business		
Number of volunteers who regularly use their personal vehicles for religious institution business		
For all such employees, does the applicant confirm that a minimum \$1,000,000 third-party liability policy is in force?	Y <input type="checkbox"/>	N <input type="checkbox"/>
For all such volunteers, does the applicant confirm that a minimum \$1,000,000 third-party liability policy is in force?	Y <input type="checkbox"/>	N <input type="checkbox"/>

Passenger Vans

Are vans rented, borrowed or chartered?	Y <input type="checkbox"/>	N <input type="checkbox"/>
If yes, please provide details including any trips to the USA		
If yes, does the applicant confirm that a minimum \$2,000,000 third-party liability policy is in force?	Y <input type="checkbox"/>	N <input type="checkbox"/>

Buses

Are buses rented, borrowed or chartered?	Y <input type="checkbox"/>	N <input type="checkbox"/>
If yes, please provide details including any trips to the USA		
If yes, does the applicant confirm that a minimum \$5,000,000 third-party liability policy is in force?	Y <input type="checkbox"/>	N <input type="checkbox"/>

COVERAGES/LIMITS REQUESTED

PROPERTY

	Building #1 (Place of worship)	Building #2 -----	Building #3 -----	
Building Limit (Including Tenant's Improvements)	\$	\$_	\$--	
Building Loss Settlement Basis: Replacement Cost or Agreed Value				
Contents Limit (excluding pipe organ, stained glass & religious artifacts)	\$	\$	\$	
Pipe Organ Limit	\$	\$	\$	
Stained Glass Limit	\$	\$	\$	
Religious Artifacts Limit	\$	\$	\$	
Personal Contents of Resident(s)	\$	\$	\$	
Property deductible	\$1,000 <input type="checkbox"/>	\$2,500 <input type="checkbox"/>	\$10,000 <input type="checkbox"/>	\$25,000 <input type="checkbox"/>
Has there been a property appraisal completed within the last 5 years?			Y <input type="checkbox"/>	N <input type="checkbox"/>
Flood coverage			Y <input type="checkbox"/>	N <input type="checkbox"/>
Earthquake coverage			Y <input type="checkbox"/>	N <input type="checkbox"/>

LOSS OF RELIGIOUS INCOME

Coverage	Standard Limit Included	Limit Requested
Loss of Religious Income – Including Rents	\$50,000 basket limit	
Extra Expense		
Professional Fees		\$
Expediting Expenses		
Additional Living Expense for Manse Resident		

CRIME		
Coverage	Standard Limits Included	Limit Requested (in excess of standard)
Broad Form Money & Securities (Inside)	\$20,000	\$
Broad Form Money & Securities (Outside)	\$20,000	\$
Money Orders & Counterfeit Paper Currency	\$20,000	\$
Depositors' Forgery	\$20,000	\$
Employee Dishonesty	\$20,000	\$
Increase in Broad Form Money – Religious Holidays/ Special Events	50% of Insured Limit	\$
LIABILITY		
Coverage	Limit	
Commercial General Liability (each occurrence/general aggregate)	\$	
Tenant's Legal Liability Broad Form (any one premises)	\$	
<i>Separate applications required to quote Abuse, D&O, and Umbrella Insurance</i>		

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 application 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.

The undersigned, on behalf of the insured organization, acknowledges that any personal information provided in connection with this application (including but not limited to the information contained in this form) has been collected in accordance with applicable privacy legislation and this information shall only be used or shared by the insurer to assess, underwrite and price insurance products and related services, administer and service insurance policies, evaluate and investigate claims, detect and prevent fraud, analyze and audit business results and/or comply with regulatory or legal requirements.

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Ecclesiastical Insurance Office plc's insurance business in Canada.

Signature of authorized officer	
Print name and title of officer signing application	
Date	

ADDITIONAL STRUCTURES ADDENDUM

#	Building Name, Occupancy Description	Address (If different than risk address)	Building Construction (See codes below, indicate main %)	Year Built	Storeys	Upgraded (If over 25 years old)	% Spr	Fire/Intrusion Alarms	Municipal Water Supply	Distance to Fire Hall	# of fire hydrants within 150m	Building, Replacement Cost Value	Contents, Replacement Cost Value
1						Y <input type="checkbox"/> N <input type="checkbox"/>	%	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>			\$	\$
2						Y <input type="checkbox"/> N <input type="checkbox"/>	%	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>			\$	\$
3						Y <input type="checkbox"/> N <input type="checkbox"/>	%	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>			\$	\$
4						Y <input type="checkbox"/> N <input type="checkbox"/>	%	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>			\$	\$
5						Y <input type="checkbox"/> N <input type="checkbox"/>	%	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>			\$	\$
6						Y <input type="checkbox"/> N <input type="checkbox"/>	%	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>			\$	\$
7						Y <input type="checkbox"/> N <input type="checkbox"/>	%	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>			\$	\$
8						Y <input type="checkbox"/> N <input type="checkbox"/>	%	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>			\$	\$
9						Y <input type="checkbox"/> N <input type="checkbox"/>	%	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>			\$	\$
10						Y <input type="checkbox"/> N <input type="checkbox"/>	%	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>			\$	\$

CONSTRUCTION CODES

Class 1	Fire resistive (concrete walls, roof, floors)
Class 2	Masonry non-combustible (masonry walls, steel deck roof, concrete floors)
Class 3	Steel on steel
Class 4	Masonry (masonry walls, wood floors and roof). Includes mill construction
Class 5	Brick veneer (frame walls with brick veneer, wood floors / roof)
Class 6	Frame (walls, floors / roof all of combustible materials)

Please provide a picture of each additional structure