

This renewal application is an update to the full application for Places of Worship submitted previously to the insurer. Please provide the following information, and in addition itemize any changes to the full application. In the event of any new locations, or any amended coverages, please complete the relevant section of the full application.

- Please answer the following questions on behalf of your organization.
- **The application must be signed and dated by an authorized officer of the organization.**

GENERAL INFORMATION

| | | | | | | |
|---|--|----------|---------------|-------------|----------------------------|----------------------------|
| Name of broker/producer | | | | | | |
| Full legal name of the applicant | | | | | | |
| Risk location address | | | | | | |
| Address | | | | | | |
| City | | Province | | Postal code | | |
| Mailing address (if different from above) | | | | | | |
| Address | | | | | | |
| City | | Province | | Postal code | | |
| Contact Name | | | Title | | | |
| Telephone | | | Email address | | | |
| Website address | | | | | | |
| Has the organization's charitable status been revoked, suspended or annulled? | | | | | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| If yes, please provide details | | | | | | |
| During the past year has the applicant firm's name been changed or has any other business(es) been merged into or consolidated with the applicant firm? | | | | | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| If yes, please provide details | | | | | | |

RISK INFORMATION

PROPERTY

| | | |
|---|-------------|--|
| Please note any changes to the following in regards to update/replacement, etc.: | Roof: | |
| | Electrical: | |
| | Plumbing: | |
| | Heating: | |

LIABILITY

| | | | | | | |
|---|--|--|--|--|----------------------------|----------------------------|
| Have there been any new programs added or any changes in operations? (i.e. day care, camp, school, other exposures) | | | | | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| If yes, please provide details | | | | | | |
| Are any of the facilities rented to third parties (i.e. weddings, parties, meetings)? | | | | | Y <input type="checkbox"/> | N <input type="checkbox"/> |
| If yes, certificate(s) of liability insurance obtained? | | | | | Y <input type="checkbox"/> | N <input type="checkbox"/> |

| | | | |
|---|--|--|-----------------------------|
| Please advise the number of: | | # | |
| Clergy | | | |
| Congregation | | | |
| Average attendance | | | |
| <i>FINANCIAL</i> | | | |
| Annual operating budget | | \$ | |
| LIMITS REQUESTED | | | |
| <i>PROPERTY</i> | | | |
| | 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) | \$ | \$ | \$ |
| <i>LOSS OF RELIGIOUS INCOME</i> | | | |
| Coverage | Standard Limit | Limit Requested (in excess of standard) | |
| Loss of Religious Income – Including Rents | \$50,000 basket limit | | |
| Extra Expense | | | |
| Professional Fees | | \$ | |
| Expediting Expenses | | | |
| Additional Living Expense for Manse Resident | | | |
| <p>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.</p> <p>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.</p> <p>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.</p> | | | |
| Signature of authorized officer | | | |
| Print name and title of officer signing application | | | |
| Date | | | |