

RENEWAL APPLICATION FOR PLACES OF WORSHIP

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	Province	Postal code			
Mailing address (if different from above)						
Address					1		
City		Province	Province	Postal code			
Contact Name	Title						
Telephone	ohone						
Website address						T	T
Has the organization's charitable status t	peen revoked, suspe	ended or annulled?				YO	N O
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 O	N O
If yes, please provide details							
RISK INFORMATION							
PROPERTY							
		Roof:					
to wedge /cooleanset ato		Electrical:					
		Plumbing:					
	Heating:						
LIABILITY							ı
Have there been any new programs added or	r any changes in opera	ations? (i.e. day care, car	mp, school, ot	her exposures)		YO	N O
If yes, please provide details							
Are any of the facilities rented to third parties (i.e. weddings, parties, meetings)?						Y O	N O
If yes, certificate(s) of liability insurance of	obtained?					YO	N O

RA1056-100Feb14 Page 1 of 2

Congregation serverage attendence showers shower							
Congregation Werage attendance Workmall Workmall Operating budget Limit SEQUESTED **Building #1 (Place of worship) **Building #1 (Place of worship) **Building I Building #2 Building #3 **Building Lass Settlement Basis: Replacement Cost or Agreed Value **Contents Limit (excluding pipe organ stained glass & religious artifacts) **Signe Organ Limit **Coverage **Signe Organ Limit **S	Please advise the number of:						
Avanual operating budget S INTERCOLLECTION INTERCOLLECT							
Invalve Annual operating budget LIMITS REQUESTED Building #1 (Place of worship) Building #2 (Place of worship) Building #3 Building Imit (Including Tenant's Improvements) S Building Loss Settlement Basis: Replacement Cost or Agreed Value Contents Limit (excluding pipe organ, stained glass & religious artifacts) S S S S S S S S S S S S S S S S S S							
Annual operating budget LIMITS REQUESTED **ROPERTY** Building #1	•						
Building #1 (Place of worship) Building #1 (Place of worship) Building #2 Building #3 Building #3 Building #3 Building #3 Building #4 (Place of worship) S S S S Building #3 Building #4 (Place of worship) S S S S Building #3 Building #3 Building #3 Building #3 Building #2 Building #3 Building #3 Building #3 Building #3 Building #2 Building #3 Building #4 B							
Building #1 (Place of worship) Building #2 Building #3 (Place of worship) S S S S Building #3 Building #3 Building #3 (Place of worship) S S S S Building #3 Building #3 Building #3 Building #4 (Place of worship) S S S S Building #3 Building #4 Building #3 Building #2 Building #3 Building #2 Building #3 Building #2 Building #3 Subulding Limit (Including Pipe organ stained glass & religious artifacts) S S S S S S S S S S S S S S S						\$	
Building #1 (Place of worship) Building #2 (Place of worship) Building #3 (Place of worship) Building #3 (Place of worship) S S S S S S Suilding Loss Settlement Basis: Replacement Cost or Agreed Value Contents Limit (excluding pipe organ, stained glass & retigious artifacts) S S S S S S S S S S S S S S S S S S S	LIMITS REQUESTED						
Place of worship	PROPERTY						
Suitiding Limit (including Tenant's Improvements) S S S S Suitiding Loss Settlement Basis: Replacement Cost or Agreed Value Contents Limit (excluding pipe organ, stained glass & religious artifacts) S S S S Sipe Organ Limit S S S S S Stained Glass Limit S S S S S Settligious Artifacts Limit S S S S S Settligious Artifacts Limit S S S S S S Settligious Artifacts Limit S S S S S S Personal Contents of Resident(s) S S S S S So S S Settligious NICOME Coverage Standard Limit Limit Requested (in excess of standard) Coverage Standard Limit Limit Requested (in excess of standard) 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 application (including but not limited to the information contained in this form) has been collected in accordance with application (including but not limited to the information contained in this form) has been collected in accordance with application (including but not limited to the information contained in this form) has been collected in accordance with application (including but not limited to the information contained in this form) has been collected in accordance with application (including but not limited to the information contained in this form) has been collected in accordance with application (including but not limited to the information contained in this form) has been collected in accordance with application (including but not limited to the information contained in this form) has been collected in accordance with application for			Building #1 Buildi		ilding #2	Building #3	
Suitiding Loss Settlement Basis: Replacement Cost or Agreed Value Contents Limit (excluding pipe organ, stained glass & religious artifacts) \$ \$ \$ \$ \$ Shipe Organ Limit \$ \$ \$ \$ \$ \$ Shained Glass Limit \$ \$ \$ \$ \$ \$ Shained Glass Limit \$ \$ \$ \$ \$ \$ Shained Glass Limit \$ \$ \$ \$ \$ \$ Shained Glass Limit \$ \$ \$ \$ \$ \$ \$ Shained Glass Limit \$ \$ \$ \$ \$ \$ \$ Shained Contents of Resident(s) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$			(Place of worship) _				
ontents Limit (excluding pipe organ, stained glass & religious artifacts) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Building Limit (Including Tenant's Improvements)		\$ \$			\$	
Proposed Disposed From Standard Limit SSSS SSSS SSSS SSSS SSSS SSSSS SSSSSS SSSS	Building Loss Settlement Basis: Replacement Cost or Agreed Value						
Stained Glass Limit S S S S Religious Artifacts Limit S S S S Religious Artifacts Limit S S S S Residency S Resident(s) Residen	Contents Limit (excluding pipe organ, stained glass & religious artifacts)		\$	\$		\$	
Religious Artifacts Limit S S S S S S S S S S S S S S S S S S	Pipe Organ Limit		\$	\$		\$	
Personal Contents of Resident(s) Standard Limit Limit Requested (in excess of standard) Coverage Standard Limit Limit Requested (in excess of standard) Coss of Religious Income – Including Rents Extra Expense Professional Fees Standard Limit St	Stained Glass Limit		\$	\$		\$	
Standard Limit Coverage Standard Limit Limit Requested (in excess of standard) Loss of Religious Income – Including Rents Extra Expense Professional Fees Sto,000 basket limit Sexpediting Expenses Additional Living Expense for Manse Resident 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.	Religious Artifacts Limit		\$	\$		\$	
Coverage Standard Limit Limit Requested (in excess of standard) Loss of Religious Income – Including Rents Extra Expense Professional Fees Expediting Expenses Additional Living Expense for Manse Resident 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.	Personal Contents of Resident(s)		\$	\$		\$	
Coverage (in excess of standard) Coss of Religious Income – Including Rents Extra Expense Professional Fees Expediting Expenses Additional Living Expense for Manse Resident 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.	OSS OF RELIGIOUS INCOME	T					
Extra Expense Professional Fees Sypediting Expenses Additional Living Expense for Manse Resident 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	Coverage		Standard Limit				
Spediting Expenses Additional Living Expense for Manse Resident 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.	oss of Religious Income – Including Rents						
Expediting Expenses Additional Living Expense for Manse Resident 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.	Extra Expense						
Additional Living Expense for Manse Resident 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.	Professional Fees		\$50,000 basket limit \$				
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	Expediting Expenses						
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	Additional Living Expense for Manse Resident						
Signature of authorized officer Print name and title of officer signing application	forth herein are true. Signing of this application does not bind to but, it is agreed that this form shall be the basis of the contract. The undersigned, on behalf of the insured organization, acknowled with this application (including but not limited to the information with applicable privacy legislation and this information shall or price insurance products and related services, administer and sea and prevent fraud, analyze and audit business results and/or contract.	the insurer to should a poor dedges that a on contained nly be used ervice insura comply with	o offer, nor the applic blicy be issued. any personal informal in this form) has bee or shared by the insu nce policies, evaluate regulatory or legal re	ant t tion p n col rer t and equir	o accept insur provided in cor llected in acco o assess, unde investigate cla rements.	ance, nnection rdance erwrite and aims, detect	
Print name and title of officer signing application							
	Signature of authorized officer						
Date	Print name and title of officer signing application						
	Date						

RA1056-100Feb14 Page 2 of 2