

# Church Property & Casualty Insurance Application

*Please return completed application to:*

**Morrow Insurance Group**

**ATTN: Wilma or Lisa**

**18936 N. Dale Mabry Highway**

**Lutz, FL 33548**

**FAX: (813) 830-7870 E-Mail: wilma@morrowinsurance.net or**

**lisa@morrowinsurance.net**

Church Name \_\_\_\_\_ Church FEIN Number \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_ FAX ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_

Primary contact person's name at church \_\_\_\_\_ Website: \_\_\_\_\_

Name of person completing this form \_\_\_\_\_ Date \_\_\_\_\_

1. Membership \_\_\_\_\_ Average Weekly Attendance \_\_\_\_\_ Capacity of Sanctuary \_\_\_\_\_
2. Weekly Services: Sunday a.m. \_\_\_ p.m. \_\_\_ Mid-week \_\_\_ Other: \_\_\_\_\_
3. Are premises used by outside groups? If yes, describe \_\_\_\_\_
4. For any outside use are certificates of insurance provided naming church as additional insured? \_\_\_\_\_
5. Is a youth group program offered? \_\_\_Yes \_\_\_No If yes, age range of children \_\_\_\_\_  
Youth group is run by: (Check One) \_\_\_Lay Pastors \_\_\_House of Worship Members \_\_\_Other Volunteers \_\_\_
6. Describe Youth Activities \_\_\_\_\_
7. Describe Fund Raising Activities \_\_\_\_\_
8. Is there a playground on premises? \_\_\_Yes \_\_\_No Is there a boundary restraint (fence) ? \_\_\_Yes \_\_\_No
9. Type of ground cover below play equipment \_\_\_\_\_
10. Is there a playground equipment maintenance program? \_\_\_Yes \_\_\_No
11. Is a nursery available during scheduled services? \_\_\_Yes \_\_\_No If yes, average # of children each week \_\_\_\_\_  
Nursery is staffed by \_\_\_ Employees \_\_\_Volunteers
12. Is there cooking on premises? If so, describe exposures and protections \_\_\_\_\_
13. Are there any commercial cooking appliances that require a hood/vent? \_\_\_Yes \_\_\_No If yes, is a  
UL300 system in place with a contract for regular hood/vent cleaning\_ \_\_\_Yes \_\_\_No
14. Are all air-conditioning units located at ground level fenced, caged or hooked up to alarm system to prevent  
theft? \_\_\_Yes \_\_\_No

### SPECIAL ACTIVITIES/SERVICES

Do you own or sponsor any of the following:

School \_\_\_Yes \_\_\_No *If yes, a special application is required for schools – contact Wilma Miller*

Cemetery \_\_\_Yes \_\_\_No Soup Kitchen \_\_\_Yes \_\_\_No

Athletic Leagues \_\_\_Yes \_\_\_No Swimming Pool \_\_\_Yes \_\_\_No

Community Service \_\_\_Yes \_\_\_No (Details) \_\_\_\_\_

Vacant or unoccupied buildings \_\_\_Yes \_\_\_No

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## SEXUAL MISCONDUCT

1. Does your church have a written sexual misconduct policy in place?  Yes  No If yes, please describe (& attach copy of) written policy: \_\_\_\_\_
  2. Are volunteers and compensated workers for any position involving supervision or custody of children under age 18 background screened?  Yes  No
  3. Are completed job applications for all paid workers kept on file?  Yes  No
  4. Are all volunteers or workers involved in the supervision of children under age 18 required to attend the church for a minimum of at least six months?  Yes  No
  5. Do you have the two-adult policy rule regarding supervision of children under 18?  Yes  No
  6. Is a staff member ever alone with a child behind closed doors, away from other staff members?  Yes  No
  7. Do you have any past or pending claims relating to any form of sexual misconduct?  Yes  No
- Occurrence/Aggregate Limit: (Select one)  \$100,000/\$300,000  \$250,000/\$500,000  
 \$500,000/\$1,000,000  \$1,000,000/\$3,000,000

## PASTORAL LIABILITY

1. Is the clergy licensed and/or ordained?  Yes  No
2. Does the clergy perform counseling functions, other than biblical counseling?  Yes  No
3. Has the clergy received formal training in counseling?  Yes  No
4. Does the applicant advertise counseling to non-congregation members?  Yes  No
5. Is a fee required for counseling?  Yes  No
6. If other than biblical counseling is offered, do you have a separate professional liability policy? If yes, please give carrier name: \_\_\_\_\_ Policy number \_\_\_\_\_
7. Are there any past or pending claims against your professional liability coverage?  Yes  No

## CHILD CARE FACILITIES

1. Do you operate any of the following:
  - a. Before / after school program?  Yes  No
  - b. Day Care?  Yes  No
  - c. Kindergarten?  Yes  No
 If answer to a-c is yes, please complete the attached CHILD CARE QUESTIONNAIRE.
2. Do you have a daycare as a tenant?  Yes  No  
 If so, square footage they use for daycare \_\_\_\_\_

**DIRECTORS AND OFFICERS LIABILITY COVERAGE - This is an optional coverage. Request application and submit if coverage is desired. Financial Statement may be required.**

**EMPLOYMENT PRACTICES LIABILITY COVERAGE – This is an optional coverage. Directors and Officers Liability Coverage is required in order to be eligible for this coverage. Please request additional information if desired.**

## COMMERCIAL AUTOMOBILE COVERAGE

Please verify any autos, vans or buses owned by the church you desire to be quoted for coverage. If vehicle(s) have prior coverage, give name of carrier and effective date. Prior Carrier: \_\_\_\_\_  
 Coverage Effective Date: \_\_\_\_\_ Also, please answer questions below:

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Do you provide transportation services?  Yes  No

If yes, do you obtain MVR's (Motor Vehicle Reports) on all drivers?  Yes  No

Is training provided for all new drivers?  Yes  No

How often are your church vehicles used?  Daily  Weekly  Monthly  Other

Estimated yearly mileage? \_\_\_\_\_

Is proof of Personal Auto Liability Coverage requested from drivers that regularly use their personal vehicles on applicant's behalf?  Yes  No – If yes, are minimum CSL limits of \$300,000 required?  Yes  No

Describe use of non-company vehicles \_\_\_\_\_

**PROFESSIONAL LIABILITY AND WORKERS' COMPENSATION**

POSITION	NUMBER OF FULL-TIME	NUMBER OF PART TIME	ANNUAL PAYROLL INCLUDING HOUSING
ADMINISTRATION			
CLERGY			
CLERICAL			
TEACHERS			
CUSTODIAL			
MAINTENANCE			
OTHER (EXPLAIN)			

**MORTGAGE INFORMATION:** Please list the name of the Mortgage Holder (s) for your building(s):

Building Address/Description: \_\_\_\_\_

Name of Lender: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Loan Number: \_\_\_\_\_

Fax Number: (     ) \_\_\_\_\_

Does your church have separate Flood Policy(s)?  Yes  No    If yes, please provide a copy of the policy.

**RENTAL INFORMATION:** Rental Information applies only to churches renting/leasing space from another party.

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Address of building being rented \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Total square footage being rented \_\_\_\_\_ Value of Contents left on-site \_\_\_\_\_

Please provide name and address of landlord if they require certificate of liability insurance \_\_\_\_\_

## Church Operated Child Care Facility Supplemental Questionnaire for Child Care, Kindergarten

### IF CHURCH OPERATED:

1. What is the square footage of the child care facility? \_\_\_\_\_
2. Hours of operation? \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm
3. Are records kept on all injuries? \_\_\_Yes \_\_\_No
4. Is a physical exam or medical certificate required for each child? \_\_\_Yes \_\_\_No
5. Is there a written drop-off and pickup procedure? \_\_\_Yes \_\_\_No  
Describe child release procedure \_\_\_\_\_
6. Are parents free to visit facility at any time? \_\_\_Yes \_\_\_No
7. Is corporal punishment practiced? \_\_\_Yes \_\_\_No (if yes, attach written procedure)
8. Specify the applicable number for each age group:

	# Children	# Adults
Infants	_____	_____
Toddlers	_____	_____
2-3	_____	_____
3-5	_____	_____
Kindergarten	_____	_____

9. Are staff members trained in first aid, including CPR? \_\_\_Yes \_\_\_No
10. Do you care for children who require special care or treatment? \_\_\_Yes \_\_\_No If yes, how many? \_\_\_\_\_  
Explain nature of special care \_\_\_\_\_
11. Are field trips conducted? \_\_\_Yes \_\_\_No If yes, describe the nature of trips and mode of transportation: \_\_\_\_\_
12. On what floor level is the child care located \_\_\_\_\_
13. Is there a written evacuation procedure? \_\_\_Yes \_\_\_No
14. Are there regular fire drills? \_\_\_Yes \_\_\_No
15. Do bathroom doors lock? \_\_\_Yes \_\_\_No
16. If yes, can they be unlocked from outside? \_\_\_
17. How are bottles warmed? \_\_\_\_\_

### DAY CARE LICENSE

1. Is the child care operation currently licensed? \_\_\_Yes \_\_\_No
2. Has the license ever been revoked? \_\_\_Yes \_\_\_No

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**EMPLOYEES**

1. Describe the educational background of the Director: \_\_\_\_\_
  
2. Do hiring practices include:
  - a. Completed application?  Yes  No
  - b. Pre-employment physical?  Yes  No
  - c. Contacting personal references?  Yes  No
  - d. Tuberculosis test?  Yes  No
  - e. Police background check?  Yes  No
  
3. Do employees dispense medicine?  Yes  No    If yes, are prescription labels or instructions from medical personnel required?  Yes  No

## PROPERTY AND AUTO SCHEDULE

*PLEASE COMPLETE BUILDING QUESTIONNAIRE (NEXT PAGE) FOR EACH BUILDING TO BE INSURED*

Monitored Security/Fire System? \_\_\_\_\_ Company: \_\_\_\_\_

- Fire Alarms  Yes  No    Smoke Alarms  Yes  No     Hardwired     Battery Operated
- Are all buildings locked when not in use?  Yes  No
- Are evacuation routes posted throughout the building(s)  Yes  No
- Are any buildings on a Historical Register?  Yes  No
- Does church have any buildings under construction?  Yes  No
- If yes, is contractor carrying builders risk coverage?  Yes  No
- Does any building have aluminum wiring?  Yes  No
- If yes, has it been retrofitted with approved connectors by a licensed electrician?  Yes  No
- Indicate which one: COPALUM  Yes  No    Alumiconn  Yes  No

Building Address	Square Footage	Occupancy of Building.	Building RCV Value	Contents Value	Distance to Fire Hydrant	Year Built	Construction Type Frame JM, NC, MNC

**INLAND MARINE**

- Cameras and Related Equipment    Value Limit \$ \_\_\_\_\_
- Musical Instruments – Organ    Value Limit \$ \_\_\_\_\_ Other Instruments    Value Limit \$ \_\_\_\_\_
- Business Personal Property of Others    Value Limit \$ \_\_\_\_\_

**BUILDING QUESTIONNAIRE**  
**Please answer all Questions**

Complete One for Each Building

→ **Insured** \_\_\_\_\_ **Policy #** \_\_\_\_\_

→ **Address** \_\_\_\_\_

→ **Year Built (original date of construction)** \_\_\_\_\_ Was the building built for the present type of occupancy?  
 Yes  No If no, what was the original occupancy of the building? \_\_\_\_\_

→ **Number of Stories** \_\_\_\_\_ If over 3 stories (including basements), are there any *unprotected* vertical openings (stairways, elevators, laundry/rubbish chutes)?  Yes  No

→ **Electrical**

Type of wiring:  Knob & tube  Rigid conduit  Armored cable or BX  
 Aluminum  Non-metallic cable  Other: \_\_\_\_\_

Type of overcurrent protection?  Circuit Breakers  Fuse

Describe the extent of electrical updates and the year completed? \_\_\_\_\_  
\_\_\_\_\_

→ **Heating**

Type of heating system: \_\_\_\_\_ Has the heating system been updated or replaced?  
 Yes  No If yes, when and extent? \_\_\_\_\_  
\_\_\_\_\_

→ **Roof**

Type:  Flat  Pitched  Balloon  
Covering:  Composite (asphalt)  Sheet metal  Wood shake/shingle  
 Slate  Build up  Other: \_\_\_\_\_

→ Has the roof/roof cover been replaced or resurfaced?  Yes  No If yes, when and extent? \_\_\_\_\_  
\_\_\_\_\_

→ **Plumbing**

Have the plumbing piping or fixtures been updated or replaced?  Yes  No If yes, when and extent?  
\_\_\_\_\_

→ **Sprinkler Protection**

Sprinklers:  Yes  No If yes, percent of building that is sprinklered \_\_\_\_\_ %

What is the age of the sprinkler protection?  Original to the building  Added in \_\_\_\_\_ (year)

If over 50 years old, sprinkler heads tested or replaced? System regularly tested and maintained?  Yes  No

**CHURCH OWNED AUTOS**

Year	Make	Model	Type	VIN	Current Value	# of Seats

**APPROVED DRIVERS (MUST HAVE CURRENT 3 YEAR MVR ON FILE AT CHURCH)**

FIRST NAME	LAST NAME	LICENSE #	CDL –YES/NO	BIRTH DATE	LICENSE STATE

**Minimum Driver Age – 21. Driver must be at least 25 to drive passenger van.**

**PRIOR INSURANCE COVERAGE**

Please provide a copy of your current Insurance Policy Declarations Page and answer the following questions:

Name of Present Insurance Carrier & Policy Number(s) \_\_\_\_\_

Policy Expiration Date(s) \_\_\_\_\_

**PLEASE PROVIDE COLOR PHOTOS (\*DIGITAL ACCEPTABLE) EXTERIOR FRONT, SIDE AND REAR VIEWS OF EACH BUILDING TO BE INSURED. ALSO INCLUDE AT LEAST ONE INTERIOR PHOTO OF EACH BUILDING TO BE INSURED.**

**COVERAGES:** (Check Yes or No for each coverage you currently have)

Property:      Yes \_\_\_ No \_\_\_

Wind:            Yes \_\_\_ No \_\_\_

Liability:        Yes \_\_\_ No \_\_\_

Work Comp:     Yes \_\_\_ No \_\_\_

Auto:             Yes \_\_\_ No \_\_\_

Umbrella:        Yes \_\_\_ No \_\_\_

Flood:            Yes \_\_\_ No \_\_\_

DATE OF OCCURRENCE	TYPE/DESCRIPTION OF CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM OPEN YES OR NO

**PLEASE KEEP A COPY OF THIS COMPLETED APPLICATION FOR YOUR FILE!!!**