

Supplemental application

Named insured: _____ Website: _____

In addition to completing the primary Religious Institution Supplemental Application, you must complete a separate questionnaire for each of the following services your organization provides: (a) Camp Operation or (b) Special Events

GENERAL INFORMATION

1. Please provide Denomination/affiliation: _____
2. Who hires/appoints clergy? _____ Capacity of sanctuary _____
3. Total number of members past 3 years: Current year _____ Prior year _____ Previous year _____
4. Maximum attendance _____ Average weekly attendance _____
5. Financial Information: Please provide details if any deficit exists including cause and how it will be eliminated: _____

Budget	Year	Total Assets	Revenues	Expenditures	Surplus (+) Deficit (-)
Current Year					
Prior Year					
Previous Year					

6. Do you operate an accredited school? ☐ Yes ☐ No
If Yes, provide (Grades _____ through _____) Number of current students _____
7. What are the Hiring Practices followed by the administration? _____
Please indicate any of the following that are currently in place:

☐ Signed applications are obtained

☐ Employee referrals are used

☐ Complete references are checked

☐ Criminal background checks on all employees are conducted

☐ Written employee handbook (provide copy)

☐ Criminal background checks on volunteer workers are conducted

☐ An employee orientation is conducted covering all Written Policies with documentation kept in file
8. What are your facility access controls? ☐ Buildings locked ☐ Self locking doors
☐ Other security measures (if checked please explain) _____

GENERAL LIABILITY INFORMATION

1. Does the church have procedures in place for staff to conduct regular facility reviews to identify unsafe conditions and take corrective action to prevent accidents in the following areas:
 - a. Inspection of Interior/Exterior walking surfaces ☐ Yes ☐ No
 - b. The church has snow/ice removal procedures ☐ Yes ☐ No

☐ If yes, are removal services contracted out? ☐ Yes ☐ No
☐ If sub-contracted out does the church obtain Certificate of Insurance? ☐ Yes ☐ No
☐ If sub-contracted out are you listed as an additional insured under contractor's policy? ☐ Yes ☐ No
 - c. Life Safety: adequate number of exits, emergency lighting, emergency procedures, and crowd controls ☐ Yes ☐ No
 - d. Food service: quality control measures in place for preparation/storage of food and housekeeping ☐ Yes ☐ No

2. Does the church have any playgrounds on premises? ☐ Yes ☐ No
- If Yes, please answer the following questions.
- Is playground equipment in good condition? ☐ Yes ☐ No
 - Is the playground area fenced? ☐ Yes ☐ No
 - How often is playground equipment inspected? _____
 - Describe the age and replacement of equipment: _____
 - Is cushioning material used? ☐ Yes ☐ No
- If Yes, please describe type and depth of cushioning materials: _____
3. Do outside groups use your property for activities? (i.e., halls for receptions, meetings, etc.) ☐ Yes ☐ No
- If Yes, describe: _____
 - Please provide the receipts generated annually from facility rentals: \$ _____
 - If Yes, please indicate if you obtain any of the following:
 - ☐ Certificate of Insurance from group
 - ☐ Evidence that you are named as Additional Insured on groups' liability insurance
 - ☐ A signed contract/agreement in which the church is held harmless (attach copy of the Building Use form)

CHURCH OPERATION INFORMATION

1. Please indicate any of the following operations &/or activities you currently have:

- | | | |
|--|--|--|
| <input type="checkbox"/> Maintain cemetery | <input type="checkbox"/> Firework displays | <input type="checkbox"/> Health facility or medical programs offered |
| <input type="checkbox"/> Swimming Pool(s) | <input type="checkbox"/> Events with liquor sales | <input type="checkbox"/> Homeless shelter or emergency housing |
| <input type="checkbox"/> Sponsored athletic teams | <input type="checkbox"/> Meal programs | <input type="checkbox"/> Rape, suicide, abuse, other crisis center |
| <input type="checkbox"/> Cell phone or radio tower | <input type="checkbox"/> Owned camps | <input type="checkbox"/> Orphanage or child placement service |
| <input type="checkbox"/> In Home Services | <input type="checkbox"/> Overseas Missionary work or trips | <input type="checkbox"/> Health & fitness facility |

Please indicate any of the child care services provided for your members:

- | | | |
|--|---|---|
| <input type="checkbox"/> Nursery school during services only | <input type="checkbox"/> Mothers Day out services | <input type="checkbox"/> Before &/or after care school services |
| <input type="checkbox"/> Full time Day Care operation (if yes complete Day Care section) | <input type="checkbox"/> Adult day care services | |
| <input type="checkbox"/> Special events—Fund Raising events conducted including: | | |

If Yes to any below coverage excluded & requires special events application

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> carnivals/fairs with mechanical rides | <input type="checkbox"/> tent revivals > 500 attendees | <input type="checkbox"/> parades | <input type="checkbox"/> aircraft or air show |
| <input type="checkbox"/> events with animals, firearms or fireworks | <input type="checkbox"/> rodeos | <input type="checkbox"/> political rallies | <input type="checkbox"/> automobile or motorcycle rallies/runs |
| <input type="checkbox"/> events with contact sports | <input type="checkbox"/> music concert with admissions > 500 people | <input type="checkbox"/> event > 5 days | |

Please provide details of operations for each activity indicated above: _____

2. Do you operate or sponsor any sports teams? ☐ Yes ☐ No
- Please advise the number of teams: _____ Total number of Participants: _____
 - Do you require a permission/release form for participants under age 18? ☐ Yes ☐ No
 - Do you require participants in organized sporting activities to carry Accident Medical Insurance? ☐ Yes ☐ No
 - Are all instructors/coaches trained in physical education and athletic program? ☐ Yes ☐ No
 - Have procedures for accident emergencies been established and distributed to all instructors? ☐ Yes ☐ No

3. Do you offer a Youth Group program? ☐ Yes ☐ No
- a. Age range of children: _____ Number of attendance each week: _____
- b. Youth group is run by: ☐ Lay Pastors ☐ Church members ☐ Volunteers
- c. Please indicate what operational procedures you have implemented for all youth sponsored activities:
- ☐ Required signed parent permission slip ☐ Have signed injury waiver signed by parent/guardian
- ☐ Verify adequate supervision with proper adult to youth based on age/activity
- d. Does any of your youth activities involve climbing, skiing, rafting, ropes, horseback, snowmobiles, or survival training? ☐ Yes ☐ No
- e. Is there any overnight trips greater than 7 days for youth groups, teams, scouts, youth ministry groups, or activities. ☐ Yes ☐ No
4. Please provide details on the Fundraising activities that you conduct annually: _____

DIRECTORS, OFFICERS & ORGANIZATION LIABILITY ☐ N/A

Check Desired Limits of Liability:

- ☐ \$100,000/\$200,000 ☐ \$300,000/\$300,000 ☐ \$500,000/\$500,000 ☐ \$1,000,000/\$1,000,000
- ☐ \$1,000,000/\$2,000,000 ☐ \$1,000,000/\$3,000,000 ☐ \$2,000,000/\$2,000,000 ☐ \$2,000,000/\$4,000,000

Check Desired Deductible: ☐ None ☐ \$500 ☐ \$1,000 ☐ \$2,000 ☐ \$5,000

1. Previous Insurance Policy or Endorsement: Company: _____ Limits: _____ Premium: _____
- Claims-made policy ☐ Yes ☐ No Retro Date: _____
- If Yes, is tail coverage being written by carrier? ☐ Yes ☐ No
2. Has similar insurance ever been declined, cancelled or not renewed? ☐ Yes ☐ No
- If Yes, please attach an explanation.
3. Within the past five years, has any claim been made or has notice been given under any of the previous coverage? ☐ Yes ☐ No
- If Yes, please provide details: _____
4. Is any Insured aware of any fact, circumstance or situation involving any Insureds that might reasonably be expected to result in a claim? ☐ Yes ☐ No
- If Yes, please provide details: _____
5. Any changes, expansion or consolidation planned in the operations of the religious institution over the next 18 months? ☐ Yes ☐ No
- If Yes, please provide details: _____

EMPLOYMENT PRACTICES LIABILITY ☐ N/A

Check Desired Limits of Liability:

- ☐ \$100,000/\$200,000 ☐ \$300,000/\$300,000 ☐ \$500,000/\$500,000 ☐ \$1,000,000/\$1,000,000
- ☐ \$1,000,000/\$2,000,000 ☐ \$1,000,000/\$3,000,000 ☐ \$2,000,000/\$2,000,000 ☐ \$2,000,000/\$4,000,000

Check Desired Deductible: ☐ None ☐ \$500 ☐ \$1,000 ☐ \$2,000 ☐ \$5,000

1. Do you currently have Employment Practices Liability insurance? ☐ Yes ☐ No
- If Yes, Limits: _____ Premium: _____ Retro Date: _____
2. Has similar insurance ever been declined, cancelled or not renewed? ☐ Yes ☐ No
- If Yes, please attach an explanation.
3. Within the past five years, has any claim been made or has notice been given under any of the previous policies for Employment Practices coverage? ☐ Yes ☐ No
- If Yes, please provide details: _____

4. Is any Insured aware of any fact, circumstance or situation involving any Insureds that might reasonably be expected to result in a claim? ☐ Yes ☐ No
5. Please indicate what percentage of employees have been involuntarily terminated in past 24 months:
☐ none ☐ 1–25% ☐ Greater than 25%
6. Please indicate what percentage of employees do you anticipate laying off in next 12 months:
☐ none ☐ 1–25% ☐ Greater than 25%
7. Please indicate any of the following procedures that are currently followed by your administration:
- ☐ Utilizes employment handbooks, website or written employment materials to advise employees of their rights to work free from harassment and discrimination in the workplace
 - ☐ Implement a formal procedure for recording and handling employee discrimination and harassment complaints
 - ☐ Implement a formal procedure for recording and handling employee discrimination and harassment complaints
 - ☐ Practice to obtain releases from liability from the affected terminated employee(s)
8. Has the Insured updated their HR policies with regard to pandemic or communicable diseases? ☐ Yes ☐ No
9. Have your, or do you anticipate in the next 12 months, any reduction in workforce as result of any pandemic or communicable disease? ☐ Yes ☐ No
10. Do you anticipate any material impact on your revenues, profit level, cash position and long-term debt levels over the next 6–12 months as a result of any pandemic or communicable disease? ☐ Yes ☐ No
 If so, please describe. _____
11. Do you anticipate any reduction or changes in benefits to your employee benefit plans? ☐ Yes ☐ No
 If so, please provide details. _____

COUNSELING PROFESSIONAL LIABILITY ☐ N/A

Check Desired Limits of Liability:

- ☐ \$100,000/\$200,000
 ☐ \$300,000/\$300,000
 ☐ \$500,000/\$500,000
 ☐ \$1,000,000/\$1,000,000
☐ \$1,000,000/\$2,000,000
 ☐ \$1,000,000/\$3,000,000
 ☐ \$2,000,000/\$2,000,000
 ☐ \$2,000,000/\$4,000,000

Current coverage written on ☐ Occurrence form ☐ Claims Made

If on Claims Made currently please advise Retro Date: _____

Please provide employee count by position:

Position	# full time	# part time	Position	# full time	# part time
Administrators			Clerical		
Clergy			Teachers		
Counselors			Nurses		
Camp Counselors			Volunteers		
Other					
Total Employees			Leased	Temporary	Contractor

1. List any certification and certifying organization (i.e. certified counselor, ordained minister, etc.): _____
2. Please advise type of counseling offered by your clergy? ☐ Religious ☐ Marriage ☐ Family ☐ Drugs-Alcohol ☐ Pregnancy
☐ Other please provide full details: _____

3. Have all clergy completed their degree at theological seminary or ordained? ☐ Yes ☐ No
4. Do you verify license, education and other credentials for all counselors? ☐ Yes ☐ No
5. Are clients referred to specialists when appropriate? ☐ Yes ☐ No
6. Any past or pending claims or suits against you on account of any alleged malpractice, error or mistake? ☐ Yes ☐ No

If Yes, please provide details: _____

AUTO/BUS

1. Are any vehicles rented or loaned to others or used by outside groups? ☐ Yes ☐ No
 - a. If yes please advise the following: Maximum Radius of trip _____
 - b. Verify the driver has proper license for unit (CDL) ☐ Yes ☐ No
2. Do you own or operate any 15 passenger vans? ☐ Yes ☐ No

If Yes, please answer the additional questions below.

- a. Are vehicles equipped with Electronic Stability Control (ESC)? ☐ Yes ☐ No
- b. Do you have a written Seat Belt Use Policy? ☐ Yes ☐ No
- c. Do you use designated experienced driver(s) for the vans? ☐ Yes ☐ No
- d. Do you limit number of occupants to <10? ☐ Yes ☐ No
- e. Do you complete pre-trip inspection? ☐ Yes ☐ No
- f. Have you removed the back-seat? ☐ Yes ☐ No
3. Do you provide transportation service for physically handicapped passengers? ☐ Yes ☐ No

If Yes, please advise: _____

Do vehicles equipped for wheelchairs have tie-down belts to stabilize the wheelchair and passengers? ☐ Yes ☐ No

DAYCARE/NURSERY/PRE-SCHOOL/BEFORE-AFTER CARE ☐ N/A

1. Operated by ☐ Tenant with _____ square footage
 - a. If operated by tenant, do you require Certificate of Insurance? ☐ Yes ☐ No
 - b. What policy limits do you require tenant to carry?
\$ _____ General Liability limits, \$ _____ Sexual Misconduct Liability Limits
 - c. Are you listed as an "Additional Insured" under the tenant's policy? ☐ Yes ☐ No

2. Specify the applicable number for each age group	# Children	# Adults	# Children	# Adults
Infants (0–24 mos)	_____	_____	Toddlers (25–26 mos)	_____
3 year olds	_____	_____	4–5 year olds	_____

3. Is the day care currently licensed by the state? ☐ Yes ☐ No
Has the license ever been revoked? ☐ Yes ☐ No
4. Is there a written drop-off and pick-up procedure? ☐ Yes ☐ No
5. Is corporal punishment practiced? ☐ Yes ☐ No

If Yes, attach written procedures

6. Employee Information: Number of staff members _____
 - a. Describe the background of the Director: _____
 - b. Are staff members trained in first aid including cardiopulmonary resuscitation? ☐ Yes ☐ No

SEXUAL MISCONDUCT LIABILITY ☐ N/A

Check Desired Limits of Liability:

☐ \$100,000/\$300,000 ☐ \$300,000/\$300,000 ☐ \$500,000/\$500,000 ☐ \$1,000,000/\$1,000,000Current coverage written on ☐ Occurrence form ☐ Claims Made

If on Claims Made currently please advise Retro Date: _____

1. Have you ever had a claim involving abuse (physical or sexual) or sexual molestation? ☐ Yes ☐ NoAre you aware of any situation which may present a claim in the future? ☐ Yes ☐ No

If Yes, please provide details, including final resolution: _____

2. Do your employment applications for both staff and volunteers include questions pertaining to prior convictions for any crime, including sex-related or child-abuse related offenses? ☐ Yes ☐ No3. Is documentation of employment applications and background/reference checks maintained? ☐ Yes ☐ No4. Do you have a written policy(s) designed to prevent abuse, molestation, and sexual harassment? ☐ Yes ☐ Noa. If "Yes", are these policies and guidelines communicated to all employees and volunteers? ☐ Yes ☐ Nob. Is documentation of the communication of your policies prohibiting abuse maintained? ☐ Yes ☐ Noc. Do your written policies contain guidelines for reporting suspected abuse or neglect of children? ☐ Yes ☐ Nod. Are criminal background checks performed on all children and youth volunteer positions? ☐ Yes ☐ No

5. Do you discuss the following items at staff orientation:

a. Child/sexual abuse? ☐ Yes ☐ Nob. How to recognize the signs? ☐ Yes ☐ Noc. What to do if a member/child report someone molested him/her? ☐ Yes ☐ No

6. Please indicated all additional administrative practices you have implemented to prevent abuse situations:

☐ We have a waiting period before a new member/volunteer can work with children or youth programs☐ We limit volunteers and staff from being alone with any child (requiring more than one adult at all times)☐ We utilize a "volunteer application" and require them to complete orientation training with regard to our abuse policy☐ All staff and volunteers are required to sign an acknowledgement of receipt and understanding of our abuse policy☐ We encourage and allow parents to visit their child at any time unannounced to observe children's activities☐ We have appointed a coordinator to review and investigate any allegation of an abusive or harassment situation☐ Our sexual abuse policy contains the required reporting and investigation procedures for employees and volunteers**PROPERTY INFORMATION**

1. Indicate if you have established procedures to adequately control premises condition in the following areas:

a. Written program of facility and equipment inspections ☐ Yes ☐ No

If Yes, frequency of inspections _____

b. Preventive Maintenance Program of electrical & heating equipment, roofs, and plumbing ☐ Yes ☐ Noc. Does the facility have Commercial Cooking equipment? ☐ Yes ☐ NoAutomatic fire suppression systems (UL300) ☐ Yes ☐ No Standard ventilation hood and ductwork ☐ Yes ☐ Nod. Is there a paid janitor/maintenance person on staff more than 20 hrs a week? ☐ Yes ☐ No

- e. Does the church structure have a steeple? ☐ Yes ☐ No
 If Yes, please advise the following: _____
 Do you have lighting protection system to protect the building? ☐ Yes ☐ No
 If yes does it carry UL Master label? ☐ Yes ☐ No
 Please advise steeple height in relation to other surrounding object: _____
 Have you had prior lightning strikes? ☐ Yes ☐ No
 If Yes, how many over the past three years? _____

2. Please indicate all the following details for each building structure:

Building Information	Building #1	Building #2	Building #3
Building Address			
Primary use of building			
Year built			
Roof Age			
Heat type (gas, electric)	_____	_____	_____
1. Date last updated?	1. _____	1. _____	1. _____
2. Date last inspected?	2. _____	2. _____	2. _____
Cooling System	_____	_____	_____
1. Date last updated?	1. _____	1. _____	1. _____
2. Date last inspected?	2. _____	2. _____	2. _____
Electrical wiring	_____	_____	_____
1. Date last updated?	1. _____	1. _____	1. _____
2. Date last inspected?	2. _____	2. _____	2. _____
Plumbing system	_____	_____	_____
1. Date last updated?	1. _____	1. _____	1. _____
2. Date last inspected?	2. _____	2. _____	2. _____
3. Have sewers or drains backed up in the past?	3. _____	3. _____	3. _____
Alarm systems			
Central burglar alarm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Local alarm only?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Central fire alarm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pull fire alarms?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Central or Local?	_____	_____	_____
Alarm Company Name:	_____	_____	_____
Smoke detectors (all floors)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hard wired or Battery?	_____	_____	_____
Sprinkler systems?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Extinguishers up-to-date?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Lighting?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Exit signs illuminated?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

PANDEMIC AND COMMUNICABLE DISEASE

We are unable to provide a proposal or bind coverage without the following information.

1. Do you have formal procedures in place to handle pandemic or other communicable diseases? ☐ Yes ☐ No
- a. Do your procedures address:
- i. Staffing ☐ Yes ☐ No
 - ii. Training ☐ Yes ☐ No
 - iii. Personal protective equipment ☐ Yes ☐ No
 - iv. Client care ☐ Yes ☐ No
 - v. Vendors/visitors ☐ Yes ☐ No
 - vi. Internal & external communication ☐ Yes ☐ No
 - vii. Maintenance of premises and vehicles ☐ Yes ☐ No
 - viii. CDC guidelines and recommendations ☐ Yes ☐ No
- b. Please provide a copy of your written procedures
2. Have you ever had to implement those procedures? ☐ Yes ☐ No
- a. If yes, please provide details. _____
- _____

DECLARATION AND SIGNATURE

Authorized Entity Representative Designation

The person named herein is authorized and designated to give and receive any and all notices on behalf of the entity and all Insureds from the entity or their authorized representative(s) concerning this insurance.

Named Individual: _____

Title/Position: _____ **Date:** _____

Attestation

The authorized signer of this application represents to the best of his/her knowledge and belief that the statements and information set forth herein are true and include all material information. The authorized signer also represents that any fact, circumstance or situation indicating the probability of a claim or legal action now known to any entity official or employee has been declared, and it is agreed by all concerned that the omission of such information shall exclude any such claim or action from coverage under the insurance being applied for. Signing of this application does not bind The Hanover Insurance Group, Inc. to offer, nor the authorized signer to accept insurance, but it is agreed this application and any attachments hereto shall be the basis of the insurance and will be incorporated by reference and made part of the policy should a policy be issued.

Signature of Authorized Entity Representative: _____ **Date:** _____