

Renewal application

GENERAL INFORMATION

1. Total number of members past 3 years: Current year _____ Prior year _____ Previous year _____
2. Number of Board Members: _____
3. Annual Budget: _____
4. How often are financial audits completed? _____
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. 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

7. Who has check signing authority? _____
8. What are the Hiring Practices followed by the administration? _____

Please indicate the procedures that are currently in place:

- ☐ Signed applications are obtained
 ☐ Employee referrals are used
☐ Complete references are checked
 ☐ Background checks on all employees are required
☐ Background checks on volunteer workers are required
 ☐ Written employee handbook (provide copy)
☐ An employee orientation is conducted covering all Written Policies with documentation kept in file

OPERATIONS/LIABILITY

1. Is there a procedure for regular inspection of premises to identify unsafe conditions in the following areas?
 - a. Interior/exterior walkways and handrails? ☐ Yes ☐ No
 - b. Adequate lighting? ☐ Yes ☐ No
 - c. Snow/ice removal?
 - i. If yes, are removal services contracted out? ☐ Yes ☐ No
 - ii. If sub-contracted, are certificates of insurance obtained from sub-contractor? ☐ Yes ☐ No

2. Do outside groups use your property for activities? ☐ Yes ☐ No
 If Yes, please describe: _____
- a. Are Certificates of Insurance obtained from these groups? ☐ Yes ☐ No
 b. Does Certificate include church as an additional insured? ☐ Yes ☐ No
3. Please indicate any of the following operations/activities:
 Please provide details on reverse side or separate document.
- | | | |
|--|--|---|
| <input type="checkbox"/> Sponsored athletic teams | <input type="checkbox"/> Cell phone or radio tower | <input type="checkbox"/> Crisis center |
| <input type="checkbox"/> Owned camp | <input type="checkbox"/> Swimming pool | <input type="checkbox"/> Health facility |
| <input type="checkbox"/> Contact sports | <input type="checkbox"/> Homeless shelter | <input type="checkbox"/> Child placement or orphanage |
| <input type="checkbox"/> Soup kitchen | <input type="checkbox"/> Fireworks displays | <input type="checkbox"/> Childcare (see supplement) |
| <input type="checkbox"/> Youth activities involving climbing, skiing, rafting, ropes courses, horseback riding, snowmobiles, survival training | | |
- If Yes, please describe: _____
- ☐ Overnight trips greater than 7 days ☐ Foreign missionary work or trips
☐ 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"/> political rallies | <input type="checkbox"/> events with contact sports |
| <input type="checkbox"/> events with animals, firearms or fireworks | <input type="checkbox"/> rodeos | <input type="checkbox"/> event > 5 days |
| <input type="checkbox"/> automobile or motorcycle rallies/runs | <input type="checkbox"/> music concert with admissions > 500 people | |
4. Do you require signed permission and waiver agreements from participants of sponsored field trips, camps and youth activities? ☐ Yes ☐ No
5. Do you operate or sponsor any sports teams? ☐ Yes ☐ No
 If Yes, describe all sports offered: _____
- a. Please advise the number of teams: _____ Total number of Participants: _____
- b. Do you require permission/release form for participants under age 18? ☐ Yes ☐ No
 c. Do you require participants in organized sporting activities to carry Accident Medical Insurance? ☐ Yes ☐ No
 d. Are all instructors/coaches trained in physical education and athletic program? ☐ Yes ☐ No
 e. Have procedures for accident emergencies been established and distributed to all instructors? ☐ Yes ☐ No
6. Do members frequently drive their own vehicles on church business? ☐ Yes ☐ No
7. Are drivers under age 24 or over age 65 used to transport members? ☐ Yes ☐ No
8. Do you own or operate any 15 passenger vans? ☐ Yes ☐ No
- a. Do you have designated experienced driver(s) for the vans? ☐ Yes ☐ No
 b. If Yes, are vehicles equipped with Electronic Stability Control (ESC)? ☐ Yes ☐ No
 c. Do you have a written Seat Belt Use Policy? ☐ Yes ☐ No
 d. Do you limit the number of passengers to < 10? ☐ Yes ☐ No
 e. Have you removed back seat & prohibit overhead luggage-storage? ☐ Yes ☐ No
 f. Do you complete pre-trip inspections of vans? ☐ Yes ☐ No

PROFESSIONAL LIABILITY/PASTORAL COUNSELING

1. Number of Clergy? _____
2. List any Certification or Certifying Organization: _____
3. Is other than spiritual counseling service performed? ☐ Yes ☐ No
4. Describe any specialized training and certificate of counselors: _____
5. Is a fee (other than a donation) charged for counseling? ☐ Yes ☐ No

SEXUAL MISCONDUCT LIABILITY

1. Does your staff (paid and volunteer) employment applications include questions about whether the individual has ever been convicted of a crime, including sex-related or child abuse related offenses? ☐ Yes ☐ No
2. Is documentation of employment applications and background/reference checks maintained? ☐ Yes ☐ No
3. Do you have a written policy addressing abuse, molestation and sexual harassment? ☐ Yes ☐ No
If "Yes", are the policies communicated annually to:
 - a. Staff? ☐ Yes ☐ No
 - b. Volunteers? ☐ Yes ☐ No
4. Do you discuss the following items at staff orientation:
 - a. Child/sexual abuse? ☐ Yes ☐ No
 - b. How to recognize the signs? ☐ Yes ☐ No
 - c. What to do if a client/child report someone molested him/her? ☐ Yes ☐ No
5. Do you have a plan of supervision that monitors staff day-to-day relationships with children? ☐ Yes ☐ No
If Yes, does it include a requirement of a minimum of 2 adults to be present with children at all times? ☐ Yes ☐ No
6. Do you prohibit new volunteers from involvement with children's activities, youth ministry, nursery, or day care? ☐ Yes ☐ No
If Yes, what is the waiting period before you allow involvement? _____
If No, what steps do you take to investigate backgrounds of these volunteers? _____

EMPLOYMENT PROFESSIONAL LIABILITY

1. Has the Insured updated their HR policies with regard to pandemic or communicable diseases? ☐ Yes ☐ No
2. 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
3. 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. _____

4. Do you anticipate any reduction or changes in benefits to your employee benefit plans? ☐ Yes ☐ No
If so, please provide details. _____

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:** _____

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