

## Renewal application

### GENERAL INFORMATION

- Total number of members past 3 years: Current year \_\_\_\_\_ Prior year \_\_\_\_\_ Previous year \_\_\_\_\_
- Number of Board Members: \_\_\_\_\_
- Annual Budget: \_\_\_\_\_
- How often are financial audits completed? \_\_\_\_\_
- 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						

- 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					
<b>Total Employees</b>			Leased	Temporary	Contractor

- Who has check signing authority? \_\_\_\_\_
- 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

- Is there a procedure for regular inspection of premises to identify unsafe conditions in the following areas?
 

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. Interior/exterior walkways and handrails?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Adequate lighting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Snow/ice removal?		
i. If yes, are removal services contracted out?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ii. If sub-contracted, are certificates of insurance obtained from sub-contractor?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.
- Sponsored athletic teams       Cell phone or radio tower       Crisis center  
 Owned camp       Swimming pool       Health facility  
 Contact sports       Homeless shelter       Child placement or orphanage  
 Soup kitchen       Fireworks displays       Childcare (see supplement)  
 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**
- carnivals/fairs with mechanical rides       tent revivals > 500 attendees       parades  
 aircraft or air show       political rallies       events with contact sports  
 events with animals, firearms or fireworks     rodeos       event > 5 days  
 automobile or motorcycle rallies/runs       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 you, 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:** \_\_\_\_\_

