



Care Providers Insurance Services
19111 N. Dallas Parkway, Suite 250, Dallas, TX 75287
Tel: 800-620-9314 Fax: 800-224-7145

Church/Religious Institution Supplemental Application

GENERAL INFORMATION

Applicant Name:
Address: City/St:
Zip Year Established Years Under Present Leadership
Key Contact: Contact Tel: Contact Email:
Website: Policy Eff Date: to

Ins Agency Name: City/State:
Contact Person: Tel #: email:

ATTACH THE FOLLOWING (x)

- ACORD Applications, including Crime (2000) and Umbrella
Statement of Values if Blanket or Agreed Value on Property
Loss Runs for Current Year and 3 Prior Years
Drivers List with License # and Dates of Birth

For Profit Non-Profit

(check all that apply):

Table with 4 columns: Type of Organization, checkbox, Faith Type, checkbox. Rows include Traditional Church, Contemporary House of Worship, Synagogue, Experiential, Chabad, Temple, and Other.

- 1) Annual Operating Budget:
Prior Year 1: Gross Annual Pledges: Annual Pledges Collected: Pct Collected %
Prior Year 2: Gross Annual Pledges: Annual Pledges Collected: Pct Collected %
Prior Year 3: Gross Annual Pledges: Annual Pledges Collected: Pct Collected %
2) Total number of full time paid staff, excluding clerical/secretarial:
3) Total number of Clergy
4) Number of members:

# LIFE SAFETY SECTION

Do all of your facilities (buildings) have the following Life Safety Features?  
(Indicate any locations which do not have the following features.)

- 1. Fire Alarms  Yes  No
- 2. Smoke Detectors  Yes  No
  - Hard Wired?  Yes  No
  - Battery Operated?  Yes  No
- 3. Emergency Lighting  Yes  No
- 4. Sprinklers  Yes  No
- 5. Are evacuation routes posted throughout the building?  Yes  No

## PROPERTY

- 1. Are any of the buildings converted dwellings?  Yes  No  
If "Yes", list locations:
- 2. Were any of the buildings ever occupied as something other than the current use?  Yes  No
- 3. Are any of your buildings on a Historical Register?  Yes  No  
If "Yes", please list locations:
- 4. Describe method of determining building value:  Attach any documentation.

## GENERAL LIABILITY SECTION

- 1. Annual Payroll:
- 2. Do you have shelters?  Yes  No  
If "Yes", indicate location number and number of beds for each:
- 3. Is a nursery available during scheduled church activities?  Yes  No  
Number of days per week nursery is provided:  
Nursery is staffed by:  Employees  Volunteers  
Average number of children in nursery each week:
- 4. Is a Youth Group Program offered?  Yes  No  
  
Age range of Children: \_\_\_\_\_ Number in attendance each week: \_\_\_\_\_  
Youth Group is run by:  Lay Pastors  Church Members  Other Volunteers
- 5. Have all buildings constructed prior to 1980 been inspected for lead paint?  
Asbestos?  Yes  No  
If "No", what is plan for abatement?  Yes  No
- 6. Please check all applicable exposures:  Broadcasting  Fireworks  Publishing  Alternative to Prison Programs
- 7. List all community services provided by your organization:
- 8. Do you own any pools?  Yes  No

Number of Indoor Pools:

Number of Outdoor Pools:

9. Are there any diving boards?  Yes  No  
 Height: Are there any pool slides?  Yes  No
10. Do you lease any of the church's premises to members or the general public for social or athletic functions?  Yes  No
11. Does the lease contain an indemnification clause and hold harmless agreement in favor of the church?  Yes  No
12. Is the church named as an Additional Insured – Lessor on the lessee's insurance policy?  Yes  No
13. Do you obtain a certificate of insurance for the lessee's Commercial General Liability policy?  Yes  No

## RETREATS & MISSION TRIPS SECTION

1. Does your organization conduct any of the following?
- |                              |  |                        |                             |
|------------------------------|--|------------------------|-----------------------------|
| Adult Retreats               | Yes <input type="checkbox"/> No <input type="checkbox"/> | If Yes, how many _____ | Avg # people per trip _____ |
| Adult Mission Trips – U.S.   | Yes <input type="checkbox"/> No <input type="checkbox"/> | If Yes, how many _____ | Avg # people per trip _____ |
| Adult Mission Trip – Foreign | Yes <input type="checkbox"/> No <input type="checkbox"/> | If Yes, how many _____ | Avg # people per trip _____ |
| Youth Retreats               | Yes <input type="checkbox"/> No <input type="checkbox"/> | If Yes, how many _____ | Avg # people per trip _____ |
| Youth Mission Trips – U.S.   | Yes <input type="checkbox"/> No <input type="checkbox"/> | If Yes, how many _____ | Avg # people per trip _____ |
| Youth Mission Trip – Foreign | Yes <input type="checkbox"/> No <input type="checkbox"/> | If Yes, how many _____ | Avg # people per trip _____ |
2. How is transportation provided?
- |                                  |                        |
|----------------------------------|------------------------|
| Third party professional company | _____ %                |
| Volunteers or members            | _____ %                |
| Attendees own responsibility     | _____ %                |
| Other                            | _____ % Describe _____ |
3. Do any of your trips involve your non-professional volunteers or attendees:
- |                             |  |
|-----------------------------|--|
| Working from heights?       | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Roofing?                    | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Use of power tools?         | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Trenching?                  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Electrical, HVAC, Plumbing? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Animals?                    | Yes <input type="checkbox"/> No <input type="checkbox"/> |
4. For youth trips, what is the ratio of youth to chaperone? \_\_\_\_\_
5. What is your policy for segregating male from female on youth trips? \_\_\_\_\_
-

## SPECIAL EVENTS SECTION

| Questions   | Event #1 | Event #2 | Event #3 | Event #4 | Event #5 |
|---|----------|----------|----------|----------|----------|
| Describe/Insert letter for event type: A = Wine tasting; B = Golf outing; C = Other Sporting event; D = Picnic; E = Banquet; F = House tour; G = Bingo; H = Walkathon/Run; I = Fashion Show; J = Concert; K = Other (specify) |          |          |          |          |          |
| Type(s) Held – insert appropriate letter  |          |          |          |          |          |
| Date(s) held?   |          |          |          |          |          |
| Daily Hours of operation  |          |          |          |          |          |
| Will any event last longer than 3 days? If so, how long?  |          |          |          |          |          |
| Total anticipated revenue   |          |          |          |          |          |
| Location held   |          |          |          |          |          |
| Estimated Attendance  |          |          |          |          |          |
| Are certificates of insurance obtained from all vendors providing products/services?  |          |          |          |          |          |
| Will alcohol be served?   |          |          |          |          |          |
| Do any sporting events involve motorized vehicles?  |          |          |          |          |          |
| Do all participants sign a waiver?  |          |          |          |          |          |
| Do participants show proof of personal health insurance?  |          |          |          |          |          |
| Does any event involve large animals? (ie: horses, livestock, etc.)   |          |          |          |          |          |
| Does any event involve wild animals?  |          |          |          |          |          |
| Does any event involve aircraft or watercraft?  |          |          |          |          |          |

# PROFESSIONAL LIABILITY

1. Does your current insurance program provide Professional Liability coverage?  Yes  No  
 If "Yes", indicate the limit of liability:
2. Is Professional Liability:  Occurrence  Claims Made  Retroactive Date

| Position       | # of Full Time | # of Part Time | Position        | # of Full Time | # of Part Time |
|----------------|----------------|----------------|-----------------|----------------|----------------|
| Administrators |                |                | Clerical        |                |                |
| Clergy         |                |                | Teachers        |                |                |
| Counselors     |                |                | Camp Counselors |                |                |
| Nurses         |                |                | Other           |                |                |
| Volunteers     |                |                |                 |                |                |

3. What type of counseling is performed by the insured's clergy?  
 Alcohol  Marriage  Religious  Drugs  Pregnancy  Other
4. If counseling services are offered, how much formal training have the clergy received in this area?
5. Have all clergy completed their degree at an accredited theological seminary?  Yes  No
6. Do you verify license, education and other credentials for all counselors?  Yes  No
7. Are clients referred to specialists when appropriate?  Yes  No
8. Are there any Professional Liability claims now pending against the church?  Yes  No  
 If "Yes", please describe:
9. Is the church or clergy aware of any act, error, omission, fact, circumstance or situation that might afford valid grounds for a future claim, suit, or action under Professional Liability?  Yes  No  
 If "Yes", please describe:
10. Do you use contracted counseling providers?  Yes  No
11. Do you have written contracts with contracted counselors?  Yes  No
12. Are certificates of malpractice liability insurance obtained and maintained for all contracted counseling and health care providers?  Yes  No  
 If "Yes", indicate the limits of liability:
13. Is the staff required to report all incidences that may result in a claim?  Yes  No  
 If "Yes", is a written record kept?  Yes  No
14. Are procedures in place to protect confidentiality of clients?  Yes  No

# ABUSE AND MOLESTATION

- 1 Does your employment/volunteer application include questions about whether the individual has ever been convicted for any felony, including sex-related and/or child abuse related offenses?  Yes  No
- 2 Do you conduct criminal background and reference checks for all employees/volunteers? If "No", please explain:  Yes  No
3. Is there a new employee and volunteer orientation program that includes training in abuse awareness?  Yes  No
- 4 Does your organization have a formal written policy that includes procedures designed to prevent acts of sexual misconduct and are copies distributed to all employees and volunteers?  Yes  No
- 5 Do you require that no minor is ever alone with only one adult in any church-sponsored activity except in a counseling situation?  Yes  No
- 6 Describe any closed door counseling provided to individual clients:
- 7 Are parents encouraged to visit the premises unannounced and observe children's activities?  Yes  No
- 8 Are any minors in your care overnight?  Yes  No
- 9 Have any of your past or present ministers, employees, or volunteers every been accused charged, convicted, had a claim for damages submitted against, or sued in civil court for any type of sexual misconduct?  Yes  No  
If "Yes", identify the person and submit a detailed written account.
10. Has your organization ever had an incident which resulted in an allegation of sexual abuse?  Yes  No  
If "Yes", please describe:
- a. Was a claim made against the organization?  Yes  No  
If "Yes", please describe:
- b. Was a claim made against any employee(s)?  Yes  No  
If "Yes", please describe:
- c. Was the case settled?  Yes  No  
If "Yes", please explain:
11. Does your current insurance program provide Abuse and Molestation coverage:  Yes  No
12. Indicate current Abuse and Molestation limit of liability:  
Is coverage provided by:  Occurrence  Claims Made If claims made, retroactive date:

**Attach a copy of your abuse procedure guidelines.**

# CAMPS

1. Total number of days in operation annually:
  2. Number of children at each camp:
  3. Day Camp  Yes  No
  4. Overnight Camp  Yes  No  
If "Yes", what is the average length of stay?
  5. Is written permission / waiver of liability obtained from every child's parent or guardian?  Yes  No
  6. Does the insured carry an Accident and Health Policy?  Yes  No
  7. What is the number of staff members at each camp?
  8. Number of volunteers:
  9. Are sleeping quarters co-ed?  Yes  No
  10. Is the staff trained and certified in CPR?  Yes  No
  11. Are restrooms / showers co-ed?  Yes  No
  12. Indicate and describe if any of the following exposures exist in the camp operations:
- |                 |                 |               |  |
|-----------------|-----------------|---------------|--|
| Diving Boards   | Jet Skis        | Pools         | Tobogganing                              |
| Downhill Skiing | Lakes           | Rock Climbing | Trampolines                              |
| Guns            | Martial Arts    | Rope Courses  | Water Skiing                             |
| Horses          | Motor Boats     | Skateboarding | Water Tubing                             |
| Ice Hockey      | Obstacle Course | Snowmobiling  | Water Skiing                             |
|                 |                 | Snow Tubing   | White Water Rafting /<br>Grade of Rapids |

# DAY CARE

1. Is the daycare center licensed?  Yes  No
2. How many children is the daycare licensed for?
3. Has a license to operate ever been denied, suspended, or revoked?  Yes  No  
If "Yes", attach a separate full explanation.
4. Have you ever been brought up for a compliance hearing?  Yes  No  
If "Yes", explain thorough on a separate document.
5. Does your center exit directly to the outside?  Yes  No  
To ground level?  Yes  No
6. Do the bathroom doors lock?  Yes  No  
Can they be unlocked from the outside?  Yes  No
7. How often are evacuation drills performed?
8. Please describe your child release procedures:
9. Have you ever received any citations or warnings issued by any state or government entity?  Yes  No  
Explain:

**STAFF AND CHILDREN:** (Ratios of staff-to-children must be at least the state required ratio)

10. Based on the **maximum number** of children enrolled on your busiest day OR busiest Session, enter the number of staff and children in each of the following age groups.  
(Do not duplicate pre and after school children if they stay all day.)

| <u>CHILD AGE GROUP</u> | <u>NUMBER OF CARE PROVIDERS</u> | <u>NUMBER OF CHILDREN</u> |
|------------------------|---------------------------------|---------------------------|
| Less than 18 Months    |                                 |                           |
| 18 – 30 Months         |                                 |                           |
| 30 Months – 4 Years    |                                 |                           |
| Above 4 Years          |                                 |                           |
| Before School Program  |                                 |                           |
| After School Program   |                                 |                           |

11. Is anyone on staff under 18 years old?  Yes  No  
*(Indicate specific duties for each on a separate document.)*
12. Is a minimum of one staff member certified in First Aid present at all times?  Yes  No

**HEALTH:**

13. Do you provide **sick child, drop-in, latch-key, boarding or camp** services?  Yes  No  
If “Yes”, please explain:
14. How many children require special care and treatment? Explain:
15. Indicate if a file containing the following information is maintained on each child:
- a. Immunization records of the children being immunized successfully and updated annually?  Yes  No
- b. Signed releases for emergency medical treatment / dispensing of medication obtained from parents?  Yes  No
- c. Written instructions from child’s physician for dispensing of child’s medication?  Yes  No
16. Do you have an accident/health policy?  Yes  No  
Is coverage mandatory for all children?  Yes  No  
Provide Carrier: Limits: Policy Term:

**SWIMMING:**

17. Do you now use or plan, in the future, to use swimming facilities?  Yes  No
18. Is the pool:  owned/operated by the insured,  operated by other than the insured?  
or  
Is a minimum of one staff member certified in CPR present at swimming areas?  Yes  No  
*Answer the following questions for the pool to be used:*
19. Are water depths marked?  Yes  No
20. Are lifeguards present?  Yes  No
21. Is the pool completely fenced?  Yes  No
22. Ratio of staff to child when at pools?
23. Is there a diving board?  Yes  No
24. Is there a self-locking gate?  Yes  No
25. Is there a slide into the pool?  Yes  No



26. Minimum age of children allowed in the water:

**PLAY AREAS:** *If you own or have access to a playground area, complete the following questions:*

27. Is the area fenced?  Yes  No
28. Is the equipment checked for safety?  Yes  No
29. Are any trampolines present?  Yes  No
30. Describe playground surface:

**FIELD TRIPS AND OFF PREMISES TRAVEL:**

31. Do you offer field trips  Yes  No
32. If "Yes", answer the following:  
Describe field trips:  
What is the adult/child ratio on trips?

**SPECIAL ACTIVITIES:**

33. Are any pets or **animals** kept on premises?  Yes  No  
Describe animals, caging and type of interaction:
34. Are **special classes** provided (gymnastics, dance, karate, tumbling, horseback riding, etc.)?  Yes  No  
If "Yes", please explain:
35. Are special classes taught by an independent contractor on your premises?  Yes  No
36. Do you request/maintain Certificates of Insurance from all sub-contractors?  Yes  No

**AUTOMOBILE:**

37. Is a walk-around vehicle checklist used prior to transporting children?  Yes  No
38. Is there a child head-count before and after any trip?  Yes  No

## SCHOOLS

1. Total number of students enrolled:                      Day                      Evening

**GENERAL LIABILITY:**

2. Are pools used for summer programs, i.e. camps?  Yes  No  
If "Yes", complete camp supplemental application.
3. What type of security is provided for the protection of the residents?
4. Are there science laboratories?  Yes  No
5. Does the school offer any special vocational or trade programs?  Yes  No
6. What sports programs do you offer?
7. Does the school hold any events that charge a fee?  Yes  No  
If "Yes", describe:

8. Does the school lease the facility to the general public?  Yes  No  
If "Yes", describe:

**AUTOMOBILE:**

9. Is there a driver training program for students?  Yes  No  
10 Under what circumstances, if any, are students allowed to drive automobiles?  
.

**CORPORAL PUNISHMENT:**

- 11 Does your school permit corporal punishment?  Yes  No  
.  
12 Is there a written policy concerning the use of corporal punishment?  Yes  No  
.  
13 Have there ever been any claims for corporal punishment?  Yes  No  
.  
14 Does your state permit corporal punishment?  Yes  No  
.

**ADOPTION AND FOSTER CARE**

**GENERAL QUESTIONS:**

1. Total number of children placed annually: Adoption Foster Care  
2. Does insured place special needs children?  Yes  No  
(Explain conditions: )  
If special needs, do the parents have specific training?  Yes  No  
(Explain: )  
3. Number of years insured has operated: Adoption Program Foster Care Program  
4. How many has insured placed since inception of their program: Adoption Foster Care  
5. How are the applicants screened (for example, are criminal background checks completed)?  
6. Is full disclosure of child's history made to parents prior to placement?  Yes  No  
7. Does insured choose the parents and conduct placements, or do they refer to a state agency?

**ADOPTION:** (not required if referral agency only)

1. How are the adoptive family applicants evaluated (explain)?  
2. Are home studies conducted?  Yes  No  
3. What are credentials of the staff?  
4. Are children given thorough medical examinations that include prior conditions before they

- are placed?  Yes  No
5. Are children given to adoptive parents upon release from hospital?  Yes  No
6. Are they placed in a foster home temporarily?  Yes  No
7. Is there a time lapse for the mother to change her mind (each state may have a different time period)?  Yes  No
8. Number of adoptions per year for: Special Needs                      Infant (< 2 years)
9. Are adoptions open or closed?
10. Are foreign adoptions conducted?  Yes  No  
How many?                      From what countries?
11. What are the rights of the child's biological grandparents?
12. What are the rights of the child's birth parents?
13. Is counseling provided for the birth parents after placements?  Yes  No

**FOSTER CARE:** (not required if referral agency only)

1. How many foster care homes has the insured placed children in? Past Year                      Ever
2. Total number of case workers:
3. How many homes is the case manager responsible for?
4. Are case managers credentialed?  Yes  No
5. Is agency required to conduct follow-up visits after placement has been made?  Yes  No
6. Are these visits unannounced?  Yes  No
7. How often do they occur?
8. Are audit procedures in place to ensure home visits are being conducted?  Yes  No
9. What are the procedures for observed abuse?
10. Do the foster parents receive special counseling after placement?  Yes  No

**INLAND MARINE**

1. Any buildings with stained glass?  Yes  No  
If "Yes", value of stained glass:
2. Attach a description and value of any religious artifacts or artwork (including stained glass) located inside or outside of premises. Include any appraisals (required if >\$5000 per item).
3. Is there an organ or other musical instrument?  Yes  No  
Description and value:

## CRIME

1. Does insured have poor boxes on premises?  Yes  No  
If "Yes", how often are they emptied?
2. Are there any seasonal needs for increased money and securities limits?  Yes  No  
Dates: \_\_\_\_\_ Limit needed: \_\_\_\_\_

## AUTOMOBILE SECTION

1. Do you require employees and volunteers to carry and show evidence of personal insurance?  Yes  No
2. Describe use of non-company vehicles.
3. Do you provide transportation services?  Yes  No
4. If "Yes", do you obtain MVRs on your drivers?  Yes  No
5. Are vehicles checked after passengers disembark to make sure no one is left behind?  Yes  No
6. Are all drivers at least 21 years of age?  Yes  No
7. Is training provided for new employees prior to their transporting people?  Yes  No
8. What is the procedure for dealing with driver accident or violations?
9. Do you have written and strictly enforced guidelines, mandating all passengers are secured in their seat belts?  Yes  No
10. Are any of your vehicles ever leased or loaned to others?  Yes  No
11. Do you ever rent or borrow any vehicles from others?  Yes  No
12. Does insured order/receive/approve MVRs prior to employee driving?  Yes  No
13. Does the insured maintain driver's record files? \_\_\_\_\_  
Does it include: date of hire \_\_\_\_\_ dates of training \_\_\_\_\_ Drug tests \_\_\_\_\_  
MVR and date ordered and received \_\_\_\_\_ Reference Checks \_\_\_\_\_  
Disciplinary actions \_\_\_\_\_
14. Do you furnish anyone with an auto? \_\_\_\_\_  Yes  No  
14. a. If yes, are relatives ever allowed to operate an organization's vehicle?  Yes  No
15. Do you **recommend** that employees and volunteers carry a **minimum limit** of liability of at least state minimum or \$ ? \_\_\_\_\_  Yes  No  
15. a. Do you verify (with a photocopy of the policy or other)?  Yes  No
16. Is there a vehicle maintenance program? \_\_\_\_\_  Yes  No  
If yes:  
16. a. Is worked performed by employees \_\_\_\_\_ outside mechanic \_\_\_\_\_
17. Are any vehicles modified with lifts, ramps, or doors? \_\_\_\_\_  Yes  No  
If yes:  
17. a. How many mobility assistance/wheelchair vans are used?  
17. b. How many wheelchair clients do you transport?
18. How do you assure that drivers are medically and physically capable of performing all job duties including driving, passenger assistance (if applicable), wheelchair handling (if applicable), etc.?  Yes  No

## SECURITY

1. Does insured have any armed security?  Yes  No  
If "Yes", are they employed or contracted?
2. Are certificates of insurance obtained?  Yes  No
3. What limits of liability are required?
4. How often is armed security used on premises?

## PRODUCER'S NARRATIVE:

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Producer

(Signature)

(Printed)

**The Applicant warrants that all answers to the questions on this application are true and correct. Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading information concerning any fact thereto, commits a fraudulent insurance act, which is a crime.**

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Applicant

(Signature)

(Printed)