

Religious Institution Supplemental Application



AmTrust North America
An AmTrust Financial Company

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Section I – Submission Requirements

Applicant Name: _____

Specific Denomination: _____ Numbers of Members / Parishioners: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

501C3? Yes No Website Address: _____

Risk Management Contact: _____ Cell Phone: _____

Email: _____

**Submit the following information with this Supplemental Application:
We will accept another carrier's supplemental application.**

Section II – Organization Profile (brief summary of the Religious Institution's operations)

- **ACORD Applications Applicable to All Lines of Coverage**
- **Most recent 990 report if available**
- **Currently valued prior carrier loss history 4 years or no known loss letter**

Section III – Life Safety

Do all of the Applicant's facilities 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
If Yes, are they? Hard wired Battery operated
3. Emergency lighting? Yes No
4. Automatic sprinklers? Yes No

Section IV – Property

1. Were any of the buildings ever occupied as something other than their current use? Yes No
2. Is there commercial cooking on the premises? Yes No

Describe exposure and protections:

3. Are any buildings vacant or under construction? Yes No

Provide details:

4. Is 100% of the electrical wiring on functioning and operational circuit breakers? Yes No
5. Are candles used? Yes No
If Yes, are they extinguished before leaving the premises? Yes No

Section V – Security

1. Premises: Alarms Video Camera Perimeter Fencing Dead Bolt Locks

Provide details of premises security:

2. Does the Applicant have any Security personnel? Yes No
- a. Are they employees? Yes No
- b. Are they volunteers? Yes No
- c. Are they contracted? Yes No
- d. Are any security personnel armed? Yes No

Provide details regarding use of weapons:

3. Are criminal Background checks required for all security personnel? Yes No

If No, describe the circumstances that they are not required:

Section VI – General Liability

1. Do you have any of the following:
- a. Vacant Land? Yes No If Yes, # of acres: _____
- b. Vacant Buildings? Yes No If Yes, total sq. ft.: _____
- c. Rental Dwellings? Yes No If Yes, # of dwellings: _____
- Clergy Only? Yes No
- d. Buildings or space leased to others? Yes No If Yes, total sq. ft.: _____
- Leaseholder: _____
- e. Parking lot/garage used by others? Yes No If Yes, total sq. ft.: _____
- f. Cemetery? Yes No If Yes, # of acres: _____
- # of annual interments: _____
- g. Mausoleum / Columbarium? Yes No If Yes, # of vaults: _____
- # of annual interments: _____
- h. Owned overnight camps? Yes No If Yes, # of campers: _____ # of days _____
- If Yes, complete information on page 4.**
- i. Is there any child-care operations? Yes No
- If Yes, complete information on page 5.**
2. Does the Applicant lease any of the premises to members of the general public for social or athletic functions? Yes No
3. Does the insured operate soup kitchen, food bank, thrift store? Yes No

Section VII – Automobile

1. Does the insured operate soup kitchen, food bank, thrift store? Yes No

If Yes, please describe:

2. Do all drivers of vehicles with 16 or more passengers carry a CDL? Yes No
3. Do you own or lease any 15-passenger vans? Yes No
4. Do you own or lease any buses or vans with a capacity of more than 20 passengers? Yes No

If Yes, please answer the following questions:

- a. Do you transport on a daily basis? Yes No
- b. Do you make more than 5 trips annually that are over 250 miles in radius? Yes No

Section VIII – Sexual Abuse Liability Coverage NA

1. Does the Applicant's employment process (for employees, contractors, and volunteers) include verification of whether the individual has ever been convicted of any crime, including sex-related or child abuse offenses before an offer is made? Yes No
2. Does the Applicant conduct criminal background and reference checks for all employees? Yes No
3. Does the Applicant conduct criminal background and reference checks for all volunteers? Yes No
4. Does the Applicant require that no minor is ever alone with only one adult in any of the Applicant's sponsored activities except in a counseling situation? Yes No
5. Does the Applicant's current insurance program provide Abuse and Molestation coverage? Yes No
6. Indicate current Abuse and Molestation limit of liability: \$ _____
 Is coverage provided by: Occurrence Claims Made Retro Date: _____

Attach a copy of your abuse procedure guidelines and applications used for employees and volunteers.

Section IX – Social Work & Counseling Liability Coverage NA

1. Does the applicant's current insurance program provide Social Work Counseling Professional Liability coverage? Yes No
- a. Indicate current Professional limit of liability: \$ _____
- b. Is coverage provided by: Occurrence Claims Made Retro Date: _____

Position	# of full time	# of part time	Position	Position # of full time	# of part time
Administrators			Clerical		
Clergy, Rabbis, Pastor, etc.			Teachers		
Counselors			Camp Counselors		
Nurses			Other: _____		
Volunteers					

2. What type of counseling is performed by the insured's clergy, rabbis, pastor, etc.:
 Alcohol Marriage Religious Drugs Pregnancy Other: _____
3. Does the Applicant verify license, education and other credentials for all counselors? Yes No
4. Is the Applicant or clergy, rabbis, pastor, etc. 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:

5. Does the Applicant use contracted counselors? Yes No
6. Is the staff required to report all incidents that may result in a claim? Yes No

If Yes, is a written record kept?

- Yes No

Section X – Camps NA

1. Is the camp owned by the Applicant? Yes No
If No, is a certificate of insurance required from the owner? Yes No
2. Is the camp accredited by ACA? Yes No
3. Is the camp accredited by CCI? Yes No

If No to questions #2 & #3 above, please explain:

4. Total number of days in operation annually: _____
5. Number of children at each camp: Day Camp: _____ Overnight Camp: _____
 a. If overnight, what is the average length of stay? _____
6. Is written permission / waiver of liability obtained from every child's parent or guardian? Yes No
7. Does the Applicant carry an Accident and Health policy? Yes No
8. What is the number of staff members at each camp? _____
9. Number of volunteers: _____
10. Are sleeping quarter's co-ed? Yes No
11. Is the staff trained and certified in CPR and in the use of AED's (Automated External Defibrillators)? Yes No
12. Are restrooms / Showers co-ed? Yes No
13. Indicate and describe if any of the following exposures exist in the camp operations:

<input type="checkbox"/> Diving Boards		<input type="checkbox"/> Rock Climbing	
<input type="checkbox"/> Downhill Skiing		<input type="checkbox"/> Rope Courses	
<input type="checkbox"/> Guns		<input type="checkbox"/> Skateboarding	
<input type="checkbox"/> Horses		<input type="checkbox"/> Snowboarding	
<input type="checkbox"/> Ice Hockey		<input type="checkbox"/> Tobogganing	
<input type="checkbox"/> Jet Skis		<input type="checkbox"/> Trampolines	
<input type="checkbox"/> Lakes		<input type="checkbox"/> Water Skiing	
<input type="checkbox"/> Martial Arts		<input type="checkbox"/> Water Tubing	
<input type="checkbox"/> Motor Boats		<input type="checkbox"/> White Water Rafting	
<input type="checkbox"/> Obstacle Course		<input type="checkbox"/> Grand Rapids	
<input type="checkbox"/> Paint Ball			
<input type="checkbox"/> Pools			

Please describe any activities not addressed above:

14. Does the camp have a written safety plan for all applicable checked / listed activities above? Yes No
If Yes, please attach a written copy for all applicable activities.
15. Are there any certified medical personnel (Doctors or Nurses) on the premises during the camp? Yes No
If Yes, how many: Doctors: _____ Nurses: _____ Other: _____
If Yes, do all certified medical personnel have their own professional liability insurance with a minimum limit of \$1,000,000? Yes No

If No, please explain medical procedures:

16. What percent of campers have special needs? _____ %

17. List the campers' type of disabilities:

Section XI – Child Care NA

1. Are there child-sitting/nursery operations during the services? Yes No
If Yes, is there a sign in and sign out procedure for the children? Yes No
2. Does the organization have a childcare, after school program or day camp operations? Yes No
3. Does the Applicant own or have access to a playground area? Yes No
- a. Is the area fenced? Yes No
- b. Are trampolines present? Yes No
- c. Describe playground equipment and surfaces:

4. Number of days per week child care is provided: _____
5. Average # of children in childcare each week: _____
6. Who staffs the childcare operation? Employee's: _____ Volunteers: _____

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

7. Based on the **maximum number** of children enrolled on the Applicant's busiest day OR busiest session, enter the number of staff and children in each of the following age groups. (Do not duplicate before and after school children if they stay all day):

Age Group	# of Children	Average Daily Attendance	# of Teachers
Infants, ages 0-1			
Toddlers, ages 1-2			
Toddlers ages 2-3			
Preschooler ages 3-5			
School Age Children			
Before School Program			
After School Program			

8. Is anyone on staff under 18 years old? Yes No
9. Dose the Applicant's center exit directly to the outside? Yes No
- a. To ground level? Yes No
10. Do the bathroom doors lock? Yes No
- a. Can they be unlocked from the outside? Yes No
10. How often are evacuation drills performed? _____
11. Please describe the Applicants child release procedures:

Health

1. How many children require special care and treatment: _____

Please explain what special care and treatment is provided:

2. Indicate if a file containing the following information is maintained on each child:
- a. Immunization records of the children being immunized successfully and updates annually? Yes No
- b. Signed releases for emergency medical treatment / dispensing of medication obtained from the parents? Yes No
- c. Written instructions from the child's physician for dispensing of the child's medication? Yes No