



1111 Ashworth Road
West Des Moines, IA 50265-3544

- FaithGuard Application Agent Number: _____
- General Application

HOME OFFICE USE ONLY	
Policy No. _____	Policy Type _____
Original Date _____	Premium Received \$ _____
Account No. _____	Denomination Code _____

GUIDEONE INSURANCE SUPPLEMENT TO ACORD

DIRECTIONS TO THE AGENTS

REQUIRED: 2 pictures of each building (front and rear), a current copy of the three year loss run, a diagram showing distances between buildings, and a current copy of the cost guide estimate for each building.

COMMON POLICY INFORMATION

1. First Named Insured and other Named Insureds _____

2. Mailing Address: Street _____
 City _____ State _____ Zip _____
 Web site _____ E-mail _____
 Phone Number _____
3. Insured FEIN _____
4. Insured is:
5. Average Weekly Attendance _____ Number of Employees _____
6. Specific Denomination _____
7. Operation (Check all that apply): House of Worship Office Headquarters Day Care Other _____
8. Pay Mode:

*Complete the **Authorization for EFT Monthly Bill Payment Plan** and **EFT Financial Account Information** forms.

PROPERTY COVERAGE PART

1. Glass Coverage: All Glass coverage automatically included in policies
 No Glass Coverage (Contents Only Policies)
2. Hurricane / Wind/Hail Deductible:
 Hurricane Wind/Hail None Deductible: _____
3. Name of responding Alarm Company _____ Phone # _____
4. Building(s) on Historical Register (list locations) _____
5. Electrical System:
6. Date of last electrical inspection by licensed electrician: _____
7. Are there any known structural concerns with the building. If "yes," submit detailed explanation. Yes No
8. Is a **Masonry Bell Tower** present? If "yes," submit detailed explanation. Yes No
9. Surge Suppression Equipment Yes No
10. Key Person Replacement Expenses: \$25,000
- 11 Limited Flood Coverage: \$10,000 (Coverage not available in Zones A and V)
Note: Coverage is not available if the insured is currently experiencing flooding or is in immediate peril of flooding.
12. Green Upgrade Coverage (list locations): _____
13. Is your kitchen equipped with a deep fat fryer, wok, broiler, griddle, or flat top grills? Yes No
 If "yes," identify building: _____
14. Are any buildings mortgaged? Yes No
 Total Number of Mortgagees _____ If more than two, complete schedule.
 Premises No. _____ Bldg. No. _____ Loan # _____
 Name and Address: _____
 Premises No. _____ Bldg. No. _____ Loan # _____
 Name and Address: _____
 Loss Payee (leased equipment/property):
 Premises No. _____ Bldg. No. _____ Ref/Loan # _____
 Name and Address: _____
 Description of Leased Equipment/Property: _____

LIABILITY COVERAGE PART

Special Operations or Events – Check ALL that apply:

<input type="checkbox"/> Animals: riding/owned	<input type="checkbox"/> Climbing Wall	<input type="checkbox"/> Martial Arts
<input type="checkbox"/> Auto Repair	<input type="checkbox"/> Counseling – Alcohol	<input type="checkbox"/> Skateboarding Ramp
<input type="checkbox"/> Bounce House	<input type="checkbox"/> Counseling – Drug	<input type="checkbox"/> Soup Kitchen, ongoing
<input type="checkbox"/> Broadcasting - Radio	<input type="checkbox"/> Fireworks	<input type="checkbox"/> Trampoline
<input type="checkbox"/> Broadcasting - TV	<input type="checkbox"/> Haunted House	<input type="checkbox"/> Other:
<input type="checkbox"/> Building(s) is/are under const.	<input type="checkbox"/> Homeless Shelter	

Please describe all indicated operations or activities:

Is Builder's Risk coverage desired? Yes No

If "yes," fill out the **Builder's Risk Supplemental Application.**

LIABILITY COVERAGE PART continued on next page

LIABILITY COVERAGE PART continued

Do you own a cemetery/columbarium? Yes No

If "yes," is the cemetery/columbarium located adjacent to an owned location? Yes No

If the cemetery/columbarium is not adjacent to an owned location, please provide:

Cemetery/Columbarium Address: _____

Number of Acres: _____

OPTIONAL COVERAGES: Check the box if you desire this coverage.

Medical Expense Limit per accident:

Lost Wages:

Hired and Non-Owned Automobile Liability

Directors and Officers Liability Coverage.

Occurrence

NOTE: Limits match occ/agg general liability limits

Claims-made:

Asset Size: _____

Retro Date: _____ (mm/dd/yyyy) +++

NOTE: Claims-made coverage is non-binding subject to completion of the **D&O Liability Supplemental Application**.

Does the applicant currently carry Claims-made Directors and Officers Liability Coverage and is now requesting Occurrence?

Yes No If "yes," Retro Coverage will be added for the initial policy term.

Employment Practices Liability (Occurrence/Aggregate)

Limits of Insurance:

Total number of employees: _____

NOTE: Coverage greater than \$500,000 or 25 employees is non-binding subject to approval of the **EPL Supplemental Application**.

Retention \$0 unless otherwise indicated:

Retro Date: _____ (mm/dd/yyyy) +++

Are there any interruptions of claims-made coverage from the proposed retroactive date? Yes No

If "yes," submit written details including the dates of such interruptions.

Employee Benefits Liability Coverage

Counselors Liability Coverage:

Total Number of Counselors: _____

Number of Non-Licensed Counselors: _____

Number of Licensed Counselors other than ministers: _____

Number of Fee Based Counselors: _____

- NOTES:**
- The **Counselors Liability Supplemental Application** must be submitted for quote or issue.
 - If a Counselor has both a license and charges a fee, please include total within the fee based counseling only.
 - Licensed Ministers do not need to be included if they do not charge a fee, unless coverage is written on General Form.



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AGENT INSTRUCTIONS	
Complete this box when using this page as a "supplemental" application.	
Policy No. _____	Effective Date _____
Name Insured _____	
Agent # _____	

SEXUAL MISCONDUCT LIABILITY

Limits of Insurance (Occ/Agg): Occurrence Claims-Made

*This coverage is non-binding.

CLAIMS-MADE COVERAGE

- Retroactive Date: _____ (mm/dd/yyyy) +++
- Are there any interruptions of claims-made coverage from the proposed retroactive date? Yes No
If "yes," submit written details including the dates of such interruptions.
- Are any claims pending of which you or any ++authorized person are aware? Yes No
If "yes," submit a detailed explanation.
- Are there any incidents or circumstances known to you or any ++authorized person, that have not yet been reported to the prior carrier, and for which there is a reason to believe that such incident or circumstance may give rise to a future claim under the proposed coverage?
 Yes No
If "yes," submit a detailed explanation.

+++ Retro dates on claims-made Sexual Misconduct coverage will match the policy effective date. Refer requests for a retro date prior to the policy effective date to the underwriter for review.

IF COVERAGE IS DESIRED, THE SUPPLEMENTAL SEXUAL MISCONDUCT QUESTIONNAIRE MUST BE COMPLETED AND SIGNED, OTHERWISE THE POLICY WILL BE ISSUED WITHOUT MISCONDUCT COVERAGE.

- Does your organization have a formal written policy that includes procedures designed to prevent acts of sexual misconduct?
 Yes No
 - If "yes," does your policy include a procedure in which you ask employees and volunteers if they have ever been accused of, participated in, or been convicted of sexual misconduct? Yes No
 - If "no," would you be willing to implement a policy that includes employee/volunteer screening, risk management and claims response programs if the materials for setting this up were provided to you? Yes No
- Are all employees, and those volunteers involved with any activity involving a minor (anyone under the age of 18), required to sign a release from which you keep on file that allows you to request a criminal background check? Yes No
- Do you conduct criminal background and reference checks on employees and volunteers? Yes No
 - If "yes," **check all that apply for employees and all that apply for volunteers.** For purposes of this question, a volunteer is anyone involved in a Day Care or School, or overnight activity involving minors, counseling of minors, or one-on-one mentoring of minors.

<p>For employees we conduct:</p> <input type="checkbox"/> Nationwide criminal background checks on ALL employees <input type="checkbox"/> Reference checks* on ALL employees <input type="checkbox"/> No criminal background checks on employees <input type="checkbox"/> No reference checks* on employees <input type="checkbox"/> Other: _____	<p>For volunteers we conduct:</p> <input type="checkbox"/> Nationwide criminal background checks <input type="checkbox"/> Statewide criminal or statewide sexual offender background checks <input type="checkbox"/> Reference checks* on volunteers <input type="checkbox"/> No criminal background checks on volunteers <input type="checkbox"/> No reference checks* on volunteers <input type="checkbox"/> Other: _____
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* The reference check includes contacting, at a minimum, two organizations in which the applicant has worked with minors in the past e.g. other churches, scouts, etc.

SEXUAL MISCONDUCT LIABILITY continued on next page

SEXUAL MISCONDUCT LIABILITY continued

- 4. Do you require that all volunteer be involved with your organization for at least six months before they are allowed in any position involving contact with minors? Yes No
- 5. Do you require that no minor is ever alone with only one adult on church premises or in any church-sponsored activity unless in a counseling situation? Yes No
- 6. Do you have a written response program in the event that a sexual misconduct event occurs? Yes No
- 7. Have you or any of your representatives ever submitted a claim for sexual misconduct liability to any insurer? If "yes," submit a detailed written explanation of the event. Yes No
- 8. Have any of your past or present ministers, employees, or volunteers ever been accused, charged, convicted, had a claim for damages submitted against, or sued in civil court for any type of sexual misconduct? If "yes," identify the person and submit a detailed written account. Yes No
- 9. Have you or any of your representatives ever received a complaint alleging sexual misconduct against any of your ministers, employees, or volunteers, even if no claim were ever submitted. If "yes," submit a detailed written explanation. Yes No
- 10. Have you or any of your representatives ever received a report, or investigated any event of alleged sexual misconduct against any of your ministers, employees, or volunteers, even if no claim was ever submitted? If "yes," submit a detailed written account. Yes No
- 11. Do you or any of your representatives have any investigation or inquiry pending at the time of this application, or knowledge of any information which may lead to an investigation or inquiry, regarding an event or occurrence of sexual misconduct involving you, or your officers, directors, trustees, elders, ministers, employees, or volunteers? If "yes," submit a detailed written explanation. Yes No
- 12. Has your insurance agent explained the GuideOne requirements for carrying Sexual Misconduct coverage at these limits and, if you are not currently in compliance, will you be working on a written plan that will incorporate all of the requirements so that they can be implemented within the next 6 months? (GuideOne may require a copy of your written plan for their file. Failure to provide evidence of compliance will result in a reduction in Sexual Misconduct coverage.) Yes No

THE APPLICANT ACKNOWLEDGES THAT THE FOREGOING DISCLOSURES AND REPRESENTATIONS ARE DEEMED TO BE MATERIAL, AND THAT GUIDEONE INSURANCE IS RELYING UPON THE ACCURACY AND COMPLETENESS OF SAID DISCLOSURES AND REPRESENTATIONS IN REACHING A DECISION TO ISSUE SEXUAL MISCONDUCT LIABILITY COVERAGE TO THE APPLICANT. THIS SUPPLEMENTAL APPLICATION IMPOSES AN AFFIRMATIVE DUTY TO MAKE FULL AND FAIR DISCLOSURES UPON THE APPLICANT. THE INSURED IS OBLIGATED TO REPORT ANY CHANGES IN ANY OF THE FOREGOING RESPONSES TO THE COMPANY.

Authorized Person ++

Print name and title or position e.g. Pastor or Board Member

Date

++ Authorized person means any employee that is elected, appointed or authorized to give or receive notice of a claim, offense, incident, or circumstance.

COMMERCIAL CRIME COVERAGE PART

Select either Church Theft **or** Crime Coverage

Church Theft – Deductible - \$500 unless indicated otherwise:

Money and Securities Only \$ _____ (Limit)

Blanket Excluding Money and Securities \$ _____ (Limit)

Blanket Including Money and Securities \$ _____ (Limit)

If \$25,000 or more is entered in any blank, fill out the Institutional Crime Survey below.

Name of Fourth Day _____

Crime Coverage – Theft, Disappearance, and Destruction (Form C)

Deductible - \$500 unless indicated otherwise:

Inside Limit \$ _____ Outside Limit \$ _____ Other Limit \$ _____

If \$25,000 or more is entered in any blank, fill out the Institutional Crime Survey below.

Select either Church Fidelity Bond Coverage **or** Bond Coverage

Church Fidelity Bond Coverage \$ _____ (Limit - \$10,000 maximum – no deductible)

Bond Coverage

Employee Dishonesty Blanket (Form A) \$ _____ (Limit) \$ _____ (Deductible)

Forgery and Alteration (Form B) \$ _____ (Limit) \$ _____ (Deductible)

INSTITUTIONAL CRIME SURVEY

Complete the Institutional Crime Survey for limits in excess of \$25,000

1. Is an audit performed? Yes No

If so, who performs the audit? CPA Public Accountant Staff Other _____

If so, how often is the audit performed? Annual Semi-Annual Quarterly Other _____

If so, does the audit include inventory? Yes No

If so, to whom is the audit report rendered? Owner Partner Board of Directors Other _____

2. Are bank accounts reconciled by someone not authorized to deposit or withdrawal? Yes No

3. Is countersignature of checks required? Yes No

If yes, who (position) signs the checks? _____

4. Will securities be subject to joint control of two or more responsible employees? Yes No N/A

INLAND MARINE COVERAGE PART

Attach schedule for each coverage indicated. Show Location, Description (model #, etc.) and Value for each item.

Ded. \$500 unless indicated otherwise \$ _____ Maintenance Equipment Coverage \$ _____

Musical Instruments \$ _____ Ministers' Business Property Coverage \$ _____

Photographic Equipment \$ _____ Replacement Cost Actual Cash Value

Fine Arts \$ _____ Scheduled Property Endorsement \$ _____

Blanket Coverage for Fine Arts \$ _____

Other:

Breakage Coverage for Fine Arts \$ _____

Data Processing Equipment Coverage \$ _____

DAY CARE INFORMATION (INCLUDING PRESCHOOL)

A. GENERAL INFORMATION

YES NO

- 1. Is the Day Care run by the insured? If "no," please explain. _____
- 2. Square footage of the building area used: _____
- 3. Appropriate licensing requirements are met (e.g., state, county, city, etc.)
- 4. Day care is provided in a residence.
- 5. What are the days and hours of operation? _____
- 6.

AGE GROUP	ADULT/CHILD RATIO	AGE GROUP	ADULT/CHILD RATIO
Two weeks to 2 years	_____	5-10 years	_____
2 years	_____	10+ years	_____
3 years	_____	Adult Day Care	_____
4 years	_____		
- 7. Total number of children on premises at any given time: _____

B. SAFETY INFORMATION

YES NO

- 1. A written policy outlining the entity's fire protection program exists and routine fire drills are performed.
- 2. Emergency evacuation procedures are in effect (tornado, earthquake, etc.).
- 3. Strictly enforced guidelines are in effect for the authorized pick-up of children.
- 4. Electrical outlets have cover protectors.
- 5. Properly functioning UL-listed smoke detectors are installed in each room.
- 6. Properly functioning Carbon Monoxide (CO) detectors are installed.

C. MEDICAL PRACTICES

YES NO

- 1. Medicines are kept in appropriately locked cabinets; procedures for their distribution are in place.
- 2. Record of injuries and action taken exists.
- 3. Parents sign permission slips authorizing emergency medical transportation or treatment.
- 4. Two on-duty staff members are certified in CPR and First Aid.

D. PERSONNEL INFORMATION

YES NO

- 1. Written employment practices exist.
- 2. Corporal punishment is administered.

E. OPTIONAL COVERAGE

YES NO

- 1. Day Care Medical
- 2. Directors and Officers Including Educators Legal Liability. Retro Date: _____ (mm/dd/yyyy) +++

NOTE: Coverage is claims-made and non-binding subject to completion of the **D&O/ELL Supplemental Application**.

+++ Retro dates on claims-made coverage options will match the policy effective date unless a retro date is listed on the application. Retro dates over three years old should be referred to the underwriter for approval.

SCHOOL INFORMATION

A. GENERAL INFORMATION

1. Number of Students (K-8) _____ (9-12) _____
Number of Teachers (K-8) _____ (9-12) _____

Check all that apply:

2. School is accredited (list accrediting organization: _____)
3. Teachers have four year teaching degrees
4. Teachers have four year degrees and are state certified
5. The school has been in operation for a minimum of 10 years.
6. Maximum student to teacher ratio is 25 to 1.
7. Appropriate Fire Marshall Inspection Report and evidence of any required remediation are on file.
8. Exposure is:
9. Additional School Care:
- Before and/or After School Care (total number of children): _____
- Summer Day Camp Programs (total number of children): _____
10. Are there dormitories or residence halls? Yes No
11. Are there outdoor bleachers or grandstands? Yes No
Number: _____ Capacity of each: _____

B. COURSE AND ACTIVITIES INFORMATION (CHECK ALL THAT APPLY)

1. Activities or classes conducted or sponsored by school (Check all that apply):
- | | | | |
|--|---|---------------------------------------|--|
| <input type="checkbox"/> Archery | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Riflery | <input type="checkbox"/> Snow Skiing |
| <input type="checkbox"/> Auto Repair | <input type="checkbox"/> Horseback Riding | <input type="checkbox"/> Scuba Diving | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Driver's Training | <input type="checkbox"/> Mountain Climbing/Rappelling | | <input type="checkbox"/> Shop Class with Power Tools |
| <input type="checkbox"/> Other: _____ | | | |
2. Sports offerings – Interscholastic/Intramural (Check all that apply):
Indicate Number of Students Participating beside each selected checkbox
- | | | | |
|--|--|-----------------------------------|--|
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Field or Ice Hockey | <input type="checkbox"/> Lacrosse | <input type="checkbox"/> Track/Cross Country |
| <input type="checkbox"/> Baseball/Softball | <input type="checkbox"/> Football | <input type="checkbox"/> Soccer | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Diving | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Swimming | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Other: _____ | | | |

C. SAFETY INFORMATION

1. A written policy outlining the entity's fire protection program exists and routine fire drills are performed.
2. Emergency evacuation procedures are in effect (tornado, earthquake, etc.)

D. MEDICAL PRACTICES

1. Medicines are kept in appropriately locked cabinets, procedures for their distribution are in place
2. Record of injuries and action taken exists
3. Parents sign permission slips authorizing emergency medical transportation or treatment

SCHOOL INFORMATION continued on next page

SCHOOL INFORMATION continued

E. OPTIONAL COVERAGE

Directors and Officers Including Educators Legal Liability. Retro Date: _____ (mm/dd/yyyy) +++

NOTE: Coverage is claims-made and non-binding subject to completion of the **D&O/ELL Supplemental Application**.

Student Medical (Excess Coverage)

Interscholastic Athletics Medical Coverage (Excess Coverage)

Corporal punishment* is administered in grades K-12 only under approved guidelines that are outlined in the Student Handbook.
(Send Corporal Punishment Guidelines.)

Number of Teachers _____ Number of administrators _____

* Not available for Day Care

+++ Retro dates on claims-made coverage options will match the policy effective date unless a retro date is listed on the application. Retro dates over three years old should be referred to the underwriter for approval.

COMMENTS/SCHEDULES