



CARRIER:

United States Liability Insurance Company

Houses of Worship Application

APPLICANT MAY QUALIFY FOR AN INSTANT QUOTE BY COMPLETING SECTION I BELOW. INSTANT QUOTE IS ONLY AVAILABLE FOR ACCOUNTS WITH NO LOSSES IN THE PAST THREE YEARS.

Coverage(s) Desired: Property General liability Directors and officers and employment practices liability

I. INSTANT QUOTE INFORMATION

Applicant's name (include DBA name): _____

Location address: _____

City: _____ Province/Territory: _____ Postal code: _____

Mailing address: _____

City: _____ Province/Territory: _____ Postal code: _____

Website/Social media: _____ Year of formation: _____ Years at current location: _____

Inspection contact name: _____ E-mail address: _____ Phone: _____

How many square feet does the applicant occupy? _____ sq. ft.

Description of operations

Additional Exposures (Please check all that apply, and provide additional details in the space below)

<input type="checkbox"/> Parsonage Square feet: _____	<input type="checkbox"/> Apartment # of units: _____ Total square feet: _____	<input type="checkbox"/> Rental dwelling # of units: _____	<input type="checkbox"/> Space leased to others Square feet: _____ Occupancy: _____
<input type="checkbox"/> Overnight mission trips/retreats Annual number: _____	<input type="checkbox"/> Outreach activities Provide details below	<input type="checkbox"/> Food bank Square feet: _____	<input type="checkbox"/> Thrift store Annual Sales: _____
<input type="checkbox"/> Soup kitchen # Meals of served annually: _____	<input type="checkbox"/> Shelter Square feet: _____	<input type="checkbox"/> Cemetery Total acreage: _____	<input type="checkbox"/> Child Care/Day care

Other: _____

Full details on above items: _____

Liability Coverage

1. Occurrence/Aggregate limit \$1,000,000/\$2,000,000 \$2,000,000/\$2,000,000 \$2,000,000/\$5,000,000
 \$3,000,000/\$3,000,000 \$4,000,000/\$4,000,000 \$5,000,000/\$5,000,000

Optional Liability Coverages Requested (Check all that apply)

<input type="checkbox"/> Pastoral professional	<input type="checkbox"/> Hired and non-owned auto	<input type="checkbox"/> Legal defense cost reimbursement
<input type="checkbox"/> Blanket additional insured	<input type="checkbox"/> Employee dishonesty limit \$ _____	<input type="checkbox"/> Money and securities limit \$ _____
Abuse or molestation limit options: <input type="checkbox"/> \$100,000/\$300,000 (automatically included) <input type="checkbox"/> \$300,000/\$600,000 <input type="checkbox"/> \$500,000/\$1,000,000 <input type="checkbox"/> \$1,000,000/\$1,000,000		

Property Information (If there are more than three buildings, please provide the below information on a separate sheet)

Cause of Loss <input type="checkbox"/> Basic (Named Perils) <input type="checkbox"/> Special (Broad)	Valuation <input type="checkbox"/> Actual cash value <input type="checkbox"/> Replacement cost	Deductible <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$5,000	Coinsurance <input type="checkbox"/> 80% <input type="checkbox"/> 90% <input type="checkbox"/> 100%
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	Building # _____	Building # _____	Building # _____
Usage			
Location Address			
City/Province/Postal code			
Total square feet			
Building construction			
FUS Grade			
Year built			
Plumbing	<input type="checkbox"/> PVC <input type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input type="checkbox"/> Lead <input type="checkbox"/> Other: _____	<input type="checkbox"/> PVC <input type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input type="checkbox"/> Lead <input type="checkbox"/> Other: _____	<input type="checkbox"/> PVC <input type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input type="checkbox"/> Lead <input type="checkbox"/> Other: _____
Roof type	<input type="checkbox"/> Flat <input type="checkbox"/> Wood shake <input type="checkbox"/> Shingle <input type="checkbox"/> Metal <input type="checkbox"/> Tile <input type="checkbox"/> Slate <input type="checkbox"/> Other: _____	<input type="checkbox"/> Flat <input type="checkbox"/> Wood shake <input type="checkbox"/> Shingle <input type="checkbox"/> Metal <input type="checkbox"/> Tile <input type="checkbox"/> Slate <input type="checkbox"/> Other: _____	<input type="checkbox"/> Flat <input type="checkbox"/> Wood shake <input type="checkbox"/> Shingle <input type="checkbox"/> Metal <input type="checkbox"/> Tile <input type="checkbox"/> Slate <input type="checkbox"/> Other: _____
Roof age	_____ years	_____ years	_____ years
Number of Stories			
Is the building fully protected by an operational sprinkler system covering 100% of the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Building limit	\$ _____	\$ _____	\$ _____
Business personal property limit	\$ _____	\$ _____	\$ _____
Central station burglar alarm	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a basement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Optional Property Coverages (Check all that apply)

<input type="checkbox"/> Equipment breakdown	<input type="checkbox"/> Earthquake	<input type="checkbox"/> Flood
<input type="checkbox"/> Torah scrolls (\$120,000 maximum limit) limit \$ _____		
<input type="checkbox"/> Business income limit \$ _____	<input type="checkbox"/> Stained glass limit \$ _____	

Loss History

2. Have there been any losses, claims, or known circumstances that could result in a claim in the past three years? Yes No

If "Yes," please provide the following information; additional claims or information may be submitted on separate sheet.

Coverage Type	Date of Loss	Description of Loss	Paid	Reserved	Status
<input type="checkbox"/> Property <input type="checkbox"/> Liability			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Property <input type="checkbox"/> Liability			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Property <input type="checkbox"/> Liability			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed

II. ELIGIBILITY CRITERIA

3. Are there past, pending or planned foreclosures and/or bankruptcies or judgments for unpaid taxes against the named insured or any officer, partner, member or owner, individually within the past five years? Yes No

4. Do all public areas, occupancies and/or habitational units have functioning and operational smoke and/or heat detectors? Yes No

5. Has insurance coverage been cancelled or non-renewed in the past three years? Yes No
If "Yes," please provide the reason: _____

6. Does any building built prior to 1978 have aluminum wiring or knob and-tube wiring? Yes No

7. For any building built prior to 1978, is 100% of the wiring on functioning and operational circuit breakers? Yes No

General Liability

8. Are there at least two means of egress (exits) for every floor with public access? Yes No

9. Do operations include faith healing, physical healing of disability/disease/illness or healing room ministries? Yes No

10. Do operations include a campground, a grade/high school, a convent, a monastery, missionary housing, a retreat house, or a retreat centre? Yes No

11. Does the organization engage in any international travel or activities? Yes No

12. Have there been any actual incidents of alleged molestation or abuse in the past, or are there any currently under investigation? Yes No

13. Are all exit signs on the premises illuminated? Yes No

14. Are any renovations or other construction projects anticipated in the next 12 months? Yes No

Abuse and Molestation Liability

15. Are all prospective employees required to have their prior employment and personal references verified? Yes No

16. Except for a bona fide counselling session, are minors ever left alone with only one adult in any program, service, event or other activity sponsored by the organization? Yes No

17. Is there a policy/procedure that is followed for the proper supervision of employees and volunteers who are in direct contact with minors and other individuals in all programs, services, events or other activities? Yes No

18. Does the hiring process for employees and volunteer workers include questions about whether the individual has ever been convicted of any crime or involved in any lawsuit, claim or charge involving sexual abuse, sexual molestation or sexual misconduct? Yes No

Pastoral Professional Liability

19. Does the organization have more than five pastors/clergy on staff at any one location? Yes No

20. Are there procedures in place to protect the confidentiality of members? Yes No

21. Are there any prior allegations, claims or suits as a result of counselling services? Yes No

Hired And Non-Owned Auto Liability

22. Is there a commercial auto insurance policy in force? Yes No

23. Are employees or volunteers required to use their personal automobiles to conduct the applicant's business on a regular basis? Yes No

24. Are vehicles used to transport people or deliver goods or products on a regular basis? Yes No

III. NONPROFIT DIRECTORS AND OFFICERS AND EMPLOYMENT PRACTICES LIABILITY

- 25. Is any entity proposed for insurance involved in research, development or testing? Yes No
 - 26. Is any entity proposed for insurance involved in certification, accreditation or standard-setting? Yes No
 - 27. Is any entity proposed for insurance involved in disciplinary actions as a result of peer review activities? Yes No
 - 28. Has any entity proposed for insurance closed, downsized, laid off, reduced staff, sold, merged with or acquired any company in the past 12 months or anticipates doing so in the next 12 months? Yes No
 - 29. Has the applicant separated or does the applicant plan on separating from their parent organization/governing body? Yes No
 - 30. Does the applicant have any Subsidiaries requiring coverage?
If "Yes," please complete the Nonprofit Subsidiary Addendum (NPSADD). Yes No
 - 31. Does the organization currently carry general liability insurance? Yes No
 - 32. Is any entity proposed for insurance involved in administration or sponsorship of any insurance programs? Yes No
 - 33. Is the organization a registered charity or Nonprofit Organization as described under subsection 149 (1) of the Income Tax Act in Canada? Yes No
 - 34. Has any policy for Directors and Officers or Employment Practices Liability ever been cancelled or non-renewed? Yes No
- If "Yes," please provide the reason: _____

- 35. Does the organization perform any operations located outside of Canada? Yes No
- 36. Is any entity proposed for insurance involved in labour/union negotiations or collective bargaining? Yes No
- 37. Please provide the following financial information for the last three (3) years. (If organization in existence less than three years please provide Budgeted Revenue/Expense statement for next three years.)

Year	Total Revenues	Net Income (Loss)	Current Fund Balance*
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

* Fund balance = total assets - total liabilities

- 38. Has the applicant or any person proposed for coverage (whether of not in the service of the applicant) been the subject of or been involved directly or indirectly in any civil, criminal, regulatory, legislative, or administrative proceeding(s)? Yes No
- 39. Within the past five years, has any inquiry, complaint, notice of hearing, claim or suit been made (including but not limited to Equal Employment Opportunity Commission, state human rights boards, municipal, state or federal regulatory authorities) against the organization or any person proposed for insurance in the capacity of director, officer, trustee, employee or volunteer of the organization? Yes No
If "Yes," please forward a completed USLI supplemental claims application.
- 40. Is any person proposed for this insurance aware of any fact, circumstance or situation, which may result in a claim against the organization or any of its directors, trustees, officers, employees or volunteers? Yes No
If "Yes," please forward a completed USLI supplemental claims application.

FULL DISCLOSURE

I, the Applicant, and the Insured if the Insurer has requested information from it, have reviewed all parts of and attachments to this application and declare that all of the information is true and correct even if the information has been entered or suggested by the representative of the Insurer or by the insurance broker. I understand that acceptance of this application for insurance is based on the truth and completeness of this information, and that if I falsely describe the property to the prejudice of the Insurer, or misrepresent or fraudulently omit to communicate any circumstance that is material to be made known to the Insurer in order to enable it to judge of the risk to be undertaken, the contract may be void in whole or as to any property in relation to which the misrepresentation or omission is material.

Any fraud or willfully false statement in a statutory declaration in relation to any of the particulars required by applicable conditions, statutory or otherwise, to be specified in relation to a claim, vitiates the claim of the person making the declaration.

PERSONAL INFORMATION CONSENT

I am providing personal information of individuals in this form to apply for insurance. The personal information collected will be used for the purpose of this application or any renewal or change in coverage. I consent and authorize my broker, agent or insurer to the following:

- i) To collect, use and disclose personal information on this form to, from and between insurers and other appropriate parties, subject to my broker's, agent's and the insurer's policy regarding personal information. Such personal information will include policy history, loss history and rating information.
- ii) That these collections, uses and disclosures are for the purposes necessary to communicate with me and the listed applicants, assess, manage and underwrite risk, determine a premium, determine eligibility and conditions for a premium payment plan, investigate and settle claims, analyze business results, detect and prevent fraud, as permitted by law.

I declare that all individuals whose personal information is contained in this form have authorized me to consent to i) and ii) above on their behalf.

I may obtain a copy of or ask questions about my broker's, agent's or insurer's personal information policies by contacting their Chief Compliance Officer.

Applicant's Signature: _____ Title: _____
(Principal, Partner or Officer)

Print name: _____ Date: _____

If your province/territory requires a countersignature from your authorized retail agent or broker, please provide below.

Agency name: _____ Agent's signature: _____
(Required in Prince Edward Island and Saskatchewan)