



Applicant: _____
 Address/City/State/Zip: _____

1. Effective Date: _____
2. Limits Requested: \$250,000/\$250,000 \$500,000/\$500,000 \$1,000,000/\$1,000,000
 Deductible: \$10,000
3. Type of Program(s) conducted:

<input type="checkbox"/> Children's day care	<input type="checkbox"/> Pre-school/kindergarten
<input type="checkbox"/> Elementary school	<input type="checkbox"/> Middle school
<input type="checkbox"/> Adult Care	<input type="checkbox"/> High school
<input type="checkbox"/> Other: _____	

4. **If you didn't check any program boxes above in #3 please skip to question #6**

Program	Average Number of Daily Attendees	Number of Paid Teachers	Number of Volunteers
Children's day care			
Pre-school/kindergarten			
Elementary School			
Middle School			
High School			
Adult Care			
Other			

5. Is the facility open to visits by parents and guardians? yes no
 Is the facility licensed? yes no
 Are the participants separated by age group? yes no
6. Provide the total number of:

Employees (full-time > 20 hrs/wk):	Full-time _____	Part-time _____	F/T Clergy _____	P/T Clergy _____
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7. Is there a written policy for screening and performing background checks of all prospective employees? yes no
 Is there a written policy requiring personal interviews with staff for prospective employees & volunteers working with children? yes no
 Are signed and dated applications required of:

Prospective employees?	<input type="checkbox"/> yes <input type="checkbox"/> no
Prospective volunteers who deal with children on an ongoing basis?	<input type="checkbox"/> yes <input type="checkbox"/> no
8. Do the employment and volunteer applications:

Ask whether the applicant has ever been convicted of any crime, including sex related or child abuse?	<input type="checkbox"/> yes <input type="checkbox"/> no
Require one reference be related to the applicant and the others not be related?	<input type="checkbox"/> yes <input type="checkbox"/> no
Are references checked and the file documented?	<input type="checkbox"/> yes <input type="checkbox"/> no
9. Is there a written abuse policy that is communicated on a regular basis to employees, volunteers working with children&parents? yes no
10. Are employees and volunteers working with children required to sign an acknowledgement of the policy? yes no
11. Are the policies and procedures reviewed at least annually by the church and its legal advisor? yes no
12. Are employees and volunteers working with children regularly trained by a knowledgeable person on how to recognize signs of child or sexual abuse and what to do if someone reports abuse? yes no
13. Has complaint management and investigation been assigned to an adequately trained person? yes no
14. Are any activities involving children subcontracted to others? yes no if not skip to question #15
 Are the subcontractors government licensed? yes no
 Are certificates of liability insurance required? yes no
 Describe the services provided by subcontractors: _____

15. Does your policy require that more than one employee/volunteer is required when a child is in your care? yes no
16. In the last 10 years:

Has any insurance been refused, cancelled or nonrenewed? (not applicable in Missouri)	<input type="checkbox"/> yes <input type="checkbox"/> no
Has the applicant or any employee/volunteer had any claim/suit brought for any abusive act?	<input type="checkbox"/> yes <input type="checkbox"/> no
Have any public authorities investigated the applicant relating to claims or allegations of abuse?	<input type="checkbox"/> yes <input type="checkbox"/> no

if the answer is "yes" to any part of question #16, provide complete details by attachment

17. Does the applicant have knowledge of any fact, circumstance or situation which it has reason to suppose might give rise to a claim or allegation of an abusive act? yes no
if the answer is "yes" to any part of question #17, provide complete details by attachment

18. Current/prior insurance coverage: Insurance Company _____ Expiration Date _____
 Limit of Liability _____ Deductible (if any) _____



The undersigned is an authorized representative of the Applicant and certifies that reasonable investigations and inquiry has been made to obtain the answers to questions on this Application. When providing information for the purposes of requesting a renewal, if applicable, the Applicant has carefully reviewed the prior application form to ensure that the Insurer has been provided with updated information. The undersigned certifies that the answers are true, correct and complete to the best of his/her knowledge.

FRAUD NOTICES: Prior to signing this application/proposal form, review the following statutory fraud notices as they may apply to the Applicant's place of domicile.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY:SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, VT.) In DC, LA, ME, TN and VA, insurance benefits may also be denied

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purposes of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance with the Department of Regulatory Agencies.

HAWAII: FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT OR BOTH.

OHIO: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

By: _____
Authorized Representative

Date: _____

Title: _____

Licensed Agent or Broker: _____

License Number: _____

COVERAGE CANNOT BE ISSUED UNLESS THE APPLICATION IS PROPERLY SIGNED AND DATED