

ZURICH SUPPLEMENTAL APPLICATION

Insured: _____ City/State: _____ Date: _____

Religious Organizations Questionnaire

	Yes	No
1) Does the Insured operate a shelter?	<input type="checkbox"/>	<input type="checkbox"/>
2) Does the Insured operate or sponsor a day camp?	<input type="checkbox"/>	<input type="checkbox"/>
3) Does the Insured sponsor or engage in any carnivals, fireworks, displays, fairs, bazaars, snow-tubing, river rafting, mountain climbing or outward bound program? If yes what? _____	<input type="checkbox"/>	<input type="checkbox"/>
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4) Is there any limitation to entry on premises of non-members for insurance inspection or claims adjustment purposes?	<input type="checkbox"/>	<input type="checkbox"/>
5) Has anyone from the insurance Agency physically inspected each risk location?	<input type="checkbox"/>	<input type="checkbox"/>
6) Is there a kitchen facility at this church?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, is it equipped with a commercial cooking unit?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, is the kitchen with a hood and duct system meeting NFPA #96?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, are the automatic extinguishing system and hood and duct system inspected and maintained at least semi-annually?	<input type="checkbox"/>	<input type="checkbox"/>
Is the kitchen equipped with a fire extinguisher and smoke alarm?	<input type="checkbox"/>	<input type="checkbox"/>
Is the fire extinguisher and smoke alarm inspected at least annually?	<input type="checkbox"/>	<input type="checkbox"/>
7) Does the Insured have a steeple?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, is it protected by an approved UL lightning system?	<input type="checkbox"/>	<input type="checkbox"/>
8) Has the Insured had 2 or more v&mm or fire claims in the past 3 years?	<input type="checkbox"/>	<input type="checkbox"/>

Pastoral Professional Liability Coverage

	Yes	No
1) Number of Clergy, Counselors & Religious Instructors _____		
2) Are there individuals or positions not included in #1 to be scheduled? If Yes, who?	<input type="checkbox"/>	<input type="checkbox"/>
3) Are there any clergy Professional Liability claims now pending against the Church?	★ <input type="checkbox"/>	<input type="checkbox"/>
4) Is the Insured or Clergy aware of any act, error, omission, fact, circumstance or situation which might afford valid grounds for a future claim, suit or action as would fall under Pastoral Professional Liability?	★ <input type="checkbox"/>	<input type="checkbox"/>
5) Have all Clergy attended and completed their training at an accredited Theological Seminary?	<input type="checkbox"/>	<input type="checkbox"/>
6) Are any Clergy engaged in any income producing counseling practice?	★ <input type="checkbox"/>	<input type="checkbox"/>
7) Does the Insured engage in any type of public counseling which involves non-members?	★ <input type="checkbox"/>	<input type="checkbox"/>

★ **attach narrative if yes answers to these questions**

Directors & Officers Liability

	Yes	No
1) Number of Directors and Officers _____		
2) Is the Insured in favorable financial condition as verified via a financial statement?	<input type="checkbox"/>	<input type="checkbox"/>
<u>Does the Insured engage in any of the following activities?</u>		
3) T.V. Programs?	<input type="checkbox"/>	<input type="checkbox"/>
4) Drug or Alcohol Rehabilitation?	<input type="checkbox"/>	<input type="checkbox"/>
5) Extensive Psychological Counseling and/or Training?	<input type="checkbox"/>	<input type="checkbox"/>
6) Full Time Day Care?	<input type="checkbox"/>	<input type="checkbox"/>
7) Prison/Jail Counseling?	<input type="checkbox"/>	<input type="checkbox"/>
8) Has there been or is there now pending any claim against the Insured or any person proposed for insurance in their capacity as either Director or Officer of the insured risk?	★ <input type="checkbox"/>	<input type="checkbox"/>
9) Does any Director or Officer have knowledge or information of any act, error or omission which might give rise to a claim under the proposed policy?	★ <input type="checkbox"/>	<input type="checkbox"/>
10) Has any carrier refused or cancelled D & O Coverage in the past five years?	★ <input type="checkbox"/>	<input type="checkbox"/>
11) Any indemnification provision or bylaws for Directors & Officers?	<input type="checkbox"/>	<input type="checkbox"/>

★ **attach narrative if yes answers to these questions**