



**Care Providers Insurance Services**  
 16301 Quorum Dr., Suite 100A  
 Addison, TX 75001  
 Tel: 800-761-7072 Fax: 800-224-7145

**Religious Institutions - Supplemental Application**

**GENERAL INFORMATION**

**Applicant Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/St:** \_\_\_\_\_

**Zip** \_\_\_\_\_ **Year Established** \_\_\_\_\_ **Years Under Present Leadership** \_\_\_\_\_

**Key Contact:** \_\_\_\_\_ **Contact Tel:** \_\_\_\_\_ **Contact Email:** \_\_\_\_\_

**Website:** \_\_\_\_\_ **Policy Eff Date:** \_\_\_\_\_ **to** \_\_\_\_\_

**Insurance Agent Name**

**Agency Name:** \_\_\_\_\_ **City/State:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Tel #:** \_\_\_\_\_ **email:** \_\_\_\_\_

- ATTACH THE FOLLOWING (x)
- |   |   |
|---|---|
| <input type="checkbox"/> ACORD Applications, including Crime (2000) and Umbrella    | <input type="checkbox"/> Loss Runs for Current Year and 3 Prior Years   |
| <input type="checkbox"/> Statement of Values if Blanket or Agreed Value on Property | <input type="checkbox"/> Brochure and/or Newsletter                     |
| <input type="checkbox"/> Photograph of Church Building (Front and Rear)             | <input type="checkbox"/> Drivers List with License # and Dates of Birth |

**For Profit**  || **Non-Profit**

(check all that apply):

Type of Organization		Faith Type	
Traditional Church	<input type="checkbox"/>	Methodist, Lutheran, Presbyterian, Episcopalian, Baptist,	<input type="checkbox"/>
Contemporary House of Worship	<input type="checkbox"/>	Catholic	<input type="checkbox"/>
Synagogue	<input type="checkbox"/>	Mormon/Latter Day Saints	<input type="checkbox"/>
Experiential	<input type="checkbox"/>	Jewish	<input type="checkbox"/>
Chabad	<input type="checkbox"/>	Hindu, Muslim, Buddhist	<input type="checkbox"/>
Temple	<input type="checkbox"/>	Non-denominational	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>

- 1) Annual Operating Budget: \_\_\_\_\_
- Prior Year 1: Gross Annual Pledges: \_\_\_\_\_ Annual Pledges Collected: \_\_\_\_\_ Pct Collected \_\_\_\_\_%
  - Prior Year 2: Gross Annual Pledges: \_\_\_\_\_ Annual Pledges Collected: \_\_\_\_\_ Pct Collected \_\_\_\_\_%
  - Prior Year 3: Gross Annual Pledges: \_\_\_\_\_ Annual Pledges Collected: \_\_\_\_\_ Pct Collected \_\_\_\_\_%
- 2) Total number of full time paid staff, excluding clerical/secretarial: \_\_\_\_\_
- 3) Total number of Clergy \_\_\_\_\_
- 4) Number of members: \_\_\_\_\_

## LIFE SAFETY SECTION:

Do all of your facilities (buildings) have the following Life Safety Features?  
(Indicate any locations which do not have the following features.)

- |  |                          |     |                          |    |
|--|--------------------------|-----|--------------------------|----|
| 1. Fire Alarms   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 2. Smoke Detectors                                       |                          |     |                          |    |
| Hard Wired?  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Battery Operated?  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 3. Emergency Lighting                                    | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 4. Sprinklers  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 5. Are evacuation routes posted throughout the building? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

## PROPERTY:

- |   |                          |     |                          |                           |
|---|--------------------------|-----|--------------------------|---------------------------|
| 1. Are any of the buildings converted dwellings?                                    | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No                        |
| If "Yes", list locations:   |                          |     |                          |                           |
| 2. Were any of the buildings ever occupied as something other than the current use? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No                        |
| 3. Are any of your buildings on a Historical Register?                              | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No                        |
| If "Yes", please list locations:  |                          |     |                          |                           |
| 4. Describe method of determining building value:                                   |                          |     |                          | Attach any documentation. |

## GENERAL LIABILITY SECTION:

- |   |                          |              |                          |                                   |                  |
|---|--------------------------|--------------|--------------------------|-----------------------------------|------------------|
| 1. Annual Payroll:  |                          |              |                          |                                   |                  |
| 2. Do you have shelters?  | <input type="checkbox"/> | Yes          | <input type="checkbox"/> | No                                |                  |
| If "Yes", indicate location number and number of beds for each:                             |                          |              |                          |                                   |                  |
| 3. Is a nursery available during scheduled church activities?                               | <input type="checkbox"/> | Yes          | <input type="checkbox"/> | No                                |                  |
| Number of days per week nursery is provided:  |                          |              |                          |                                   |                  |
| Nursery is staffed by:  | <input type="checkbox"/> | Employees    | <input type="checkbox"/> | Volunteers                        |                  |
| Average number of children in nursery each week:  |                          |              |                          |                                   |                  |
| 4. Is a Youth Group Program offered?  | <input type="checkbox"/> | Yes          | <input type="checkbox"/> | No                                |                  |
| Age range of Children:  |                          |              |                          | Number in attendance each week:   |                  |
| Youth Group is run by:  | <input type="checkbox"/> | Lay Pastors  | <input type="checkbox"/> | Church Members                    |                  |
|   |                          |              |                          | <input type="checkbox"/>          | Other Volunteers |
| 5. Have all buildings constructed prior to 1980 been inspected for lead paint?<br>Asbestos? | <input type="checkbox"/> | Yes          | <input type="checkbox"/> | No                                |                  |
| If "No", what is plan for abatement?  |                          |              |                          |                                   |                  |
| 6. Please check all applicable exposures:   | <input type="checkbox"/> | Broadcasting | <input type="checkbox"/> | Fireworks                         |                  |
|   | <input type="checkbox"/> | Publishing   | <input type="checkbox"/> | Alternative to<br>Prison Programs |                  |
| 7. List all community services provided by your organization:                               |                          |              |                          |                                   |                  |
| 8. Do you own any pools?  | <input type="checkbox"/> | Yes          | <input type="checkbox"/> | No                                |                  |
| Number of Indoor Pools:   |                          |              |                          | Number of Outdoor Pools:          |                  |

- 9 Are there any diving boards?  Yes  No  
 Height: Are there any pool slides?  Yes  No
10. Do you lease any of the church's premises to members or the general public for social or athletic functions?  Yes  No
11. Does the lease contain an indemnification clause and hold harmless agreement in favor of the church?  Yes  No
12. Is the church named as an Additional Insured – Lessor on the lessee's insurance policy?  Yes  No
13. Do you obtain a certificate of insurance for the lessee's Commercial General Liability policy?  Yes  No
14. Are there any mission trips to foreign countries?  Yes  No

## SPECIAL EVENTS SECTION:

Questions	Event #1	Event #2	Event #3	Event #4	Event #5
Describe/Insert letter for event type: A = Wine tasting; B = Golf outing; C = Other Sporting event; D = Picnic; E = Banquet; F = House tour; G = Bingo; H = Walkathon/Run; I = Fashion Show; J = Concert; K = Other (specify)					
Type(s) Held – insert appropriate letter					
Date(s) held?					
Daily Hours of operation					
Will any event last longer than 3 days? If so, how long?					
Total anticipated revenue					
Location held					
Estimated Attendance					
Are certificates of insurance obtained from all vendors providing products/services?					
Will alcohol be served?					
Do any sporting events involve motorized vehicles?					
Do all participants sign a waiver?					
Do participants show proof of personal health insurance?					
Does any event involve large animals? (ie: horses, livestock, etc.)					
Does any event involve wild animals?					
Does any event involve aircraft or watercraft?					

## PROFESSIONAL LIABILITY:

1. Does your current insurance program provide Professional Liability coverage?  Yes  No  
 If "Yes", indicate the limit of liability:
2. Is Professional Liability:  Occurrence  Claims Made  Retroactive Date

Position	# of Full Time	# of Part Time	Position	# of Full Time	# of Part Time
Administrators			Clerical		
Clergy			Teachers		
Counselors			Camp Counselors		
Nurses			Other		
Volunteers					

3. What type of counseling is performed by the insured's clergy?  
 Alcohol  Marriage  Religious  Drugs  Pregnancy  Other
4. If counseling services are offered, how much formal training have the clergy received in this area?
5. Have all clergy completed their degree at an accredited theological seminary?  Yes  No
6. Do you verify license, education and other credentials for all counselors?  Yes  No
7. Are clients referred to specialists when appropriate?  Yes  No
8. Are there any Professional Liability claims now pending against the church?  Yes  No  
 If "Yes", please describe:
9. Is the church or clergy 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:
10. Do you use contracted counseling providers?  Yes  No
11. Do you have written contracts with contracted counselors?  Yes  No
12. Are certificates of malpractice liability insurance obtained and maintained for all contracted counseling and health care providers?  Yes  No  
 If "Yes", indicate the limits of liability:
13. Is the staff required to report all incidences that may result in a claim?  Yes  No  
 If "Yes", is a written record kept?  Yes  No
14. Are procedures in place to protect confidentiality of clients?  Yes  No

## INLAND MARINE:

1. Any buildings with stained glass?  Yes  No  
 If "Yes", value of stained glass:
2. Attach a description and value of any religious artifacts or artwork (including stained glass) located inside or outside of premises. Include any appraisals (required if >\$5000 per item).
3. Is there an organ or other musical instrument?  Yes  No  
 Description and value:

**CRIME:**

- 1. Does insured have poor boxes on premises?  Yes  No  
If "Yes", how often are they emptied?
- 2. Are there any seasonal needs for increased money and securities limits?  Yes  No  
Dates: \_\_\_\_\_ Limit needed: \_\_\_\_\_

**AUTOMOBILE SECTION:**

- 1. Do you require employees and volunteers to carry and show evidence of personal insurance?  Yes  No
- 2. Describe use of non-company vehicles.
- 3. Do you provide transportation services?  Yes  No
- 4. If "Yes", do you obtain MVRs on your drivers?  Yes  No
- 5. Are vehicles checked after passengers disembark to make sure no one is left behind?  Yes  No
- 6. Are all drivers at least 21 years of age?  Yes  No
- 7. Is training provided for new employees prior to their transporting people?  Yes  No
- 8. What is the procedure for dealing with driver accident or violations?
- 9. Do you have written and strictly enforced guidelines, mandating all passengers are secured in their seat belts?  Yes  No
- 10. Are any of your vehicles ever leased or loaned to others?  Yes  No
- 11. Do you ever rent or borrow any vehicles from others?  Yes  No
- 12. Does insured order/receive/approve MVRs prior to employee driving?  Yes  No
- 13. Does the insured maintain driver's record files? \_\_\_\_\_  
Does it include: date of hire \_\_\_\_\_ dates of training \_\_\_\_\_ Drug tests \_\_\_\_\_  
MVR and date ordered and received \_\_\_\_\_ Reference Checks \_\_\_\_\_  
Disciplinary actions \_\_\_\_\_
- 14. Do you furnish anyone with an auto? \_\_\_\_\_  Yes  No  
14. a. If yes, are relatives ever allowed to operate an organization's vehicle?  Yes  No
- 15. Do you **recommend** that employees and volunteers carry a **minimum limit** of liability of at least state minimum or \$ ? \_\_\_\_\_  Yes  No  
15. a. Do you verify (with a photocopy of the policy or other)?  Yes  No
- 16. Is there a vehicle maintenance program? \_\_\_\_\_  Yes  No  
If yes:  
16. a. Is worked performed by employees \_\_\_\_\_ outside mechanic \_\_\_\_\_
- 17. Are any vehicles modified with lifts, ramps, or doors? \_\_\_\_\_  Yes  No  
If yes:  
17. a. How many mobility assistance/wheelchair vans are used?  
17. b. How many wheelchair clients do you transport?
- 18. How do you assure that drivers are medically and physically capable of performing all job duties including driving, passenger assistance (if applicable), wheelchair handling (if applicable), etc.?  Yes  No

**PRODUCER'S NARRATIVE:**

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Producer

(Signature)

(Printed)

**The Applicant warrants that all answers to the questions on this application are true and correct. Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading information concerning any fact thereto, commits a fraudulent insurance act, which is a crime.**

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Applicant

(Signature)

(Printed)

## ABUSE AND MOLESTATION

1. Does your employment application include questions about whether the individual has ever been convicted for any felony, including sex-related and/or child abuse related offenses?  Yes  No
2. Do you conduct criminal background and reference checks for all employees?  
If "No", please explain:  Yes  No
3. Is there a new employee and volunteer orientation program that includes training in abuse awareness?  Yes  No
4. Does your organization have a formal written policy that includes procedures designed to prevent acts of sexual misconduct and are copies distributed to all employees and volunteers?  Yes  No
5. Do you require that no minor is ever alone with only one adult in any church-sponsored activity except in a counseling situation?  Yes  No
6. Describe any closed door counseling provided to individual clients:
7. Are parents encouraged to visit the premises unannounced and observe children's activities?  Yes  No
8. Are any minors in your care overnight?  Yes  No
9. Have any of your past or present ministers, employees, or volunteers every 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
10. Has your organization ever had an incident which resulted in an allegation of sexual abuse?  
If "Yes", please describe:
- a. Was a claim made against the organization?  Yes  No  
If "Yes", please describe:
  - b. Was a claim made against any employee(s)?  Yes  No  
If "Yes", please describe:
  - c. Was the case settled?  Yes  No  
If "Yes", please explain:
11. Does your current insurance program provide Abuse and Molestation coverage:  Yes  No
12. Indicate current Abuse and Molestation limit of liability:  
Is coverage provided by:  Occurrence  Claims Made    If claims made, retroactive date:

**Attach a copy of your abuse procedure guidelines.**

## CAMPS

1. Total number of days in operation annually:
2. Number of children at each camp:
3. Day Camp  Yes  No
4. Overnight Camp  Yes  No  
If "Yes", what is the average length of stay?
5. Is written permission / waiver of liability obtained from every child's parent or guardian?  Yes  No
6. Does the insured carry an Accident and Health Policy?  Yes  No
7. What is the number of staff members at each camp?
8. Number of volunteers:
9. Are sleeping quarters co-ed?  Yes  No
10. Is the staff trained and certified in CPR?  Yes  No
11. Are restrooms / showers co-ed?  Yes  No
12. Indicate and describe if any of the following exposures exist in the camp operations:

Diving Boards	Jet Skis	Pools	Tobogganing
Downhill Skiing	Lakes	Rock Climbing	Trampolines
Guns	Martial Arts	Rope Courses	Water Skiing
Horses	Motor Boats	Skateboarding	Water Tubing
Ice Hockey	Obstacle Course	Snowmobiling	Water Skiing
		Snow Tubing	White Water Rafting / Grade of Rapids



# DAY CARE

1. Is the daycare center licensed?  Yes  No
2. How many children is the daycare licensed for?
3. Has a license to operate ever been denied, suspended, or revoked?  
If "Yes", attach a separate full explanation.  Yes  No
4. Have you ever been brought up for a compliance hearing?  
If "Yes", explain thorough on a separate document.  Yes  No
5. Does your center exit directly to the outside?  
To ground level?  Yes  No
6. Do the bathroom doors lock?  
Can they be unlocked from the outside?  Yes  No
7. How often are evacuation drills performed?
8. Please describe your child release procedures:
9. Have you ever received any citations or warnings issued by any state or government entity?  
Explain:  Yes  No

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

10. Based on the **maximum number** of children enrolled on your busiest day OR busiest Session, enter the number of staff and children in each of the following age groups.  
(Do not duplicate pre and after school children if they stay all day.)

CHILD AGE GROUP	NUMBER OF CARE PROVIDERS	NUMBER OF CHILDREN
Less than 18 Months		
18 – 30 Months		
30 Months – 4 Years		
Above 4 Years		
Before School Program		
After School Program		

11. Is anyone on staff under 18 years old?  
*(Indicate specific duties for each on a separate document.)*  Yes  No
12. Is a minimum of one staff member certified in First Aid present at all times?  Yes  No

**HEALTH:**

13. Do you provide **sick child, drop-in, latch-key, boarding or camp** services?  
If "Yes", please explain:  Yes  No
14. How many children require special care and treatment? Explain:
15. Indicate if a file containing the following information is maintained on each child:
  - a. Immunization records of the children being immunized successfully and updated annually?  Yes  No
  - b. Signed releases for emergency medical treatment / dispensing of medication obtained from parents?  Yes  No
  - c. Written instructions from child's physician for dispensing of child's medication?  Yes  No
16. Do you have an accident/health policy?  Yes  No

Is coverage mandatory for all children?

Yes  No

Provide Carrier:

Limits:

Policy Term:

### SWIMMING:

17. Do you now use or plan, in the future, to use swimming facilities?  Yes  No

18. Is the pool:  owned/operated by the insured,  operated by other than the insured?  
or

Is a minimum of one staff member certified in CPR present at swimming areas?  Yes  No

*Answer the following questions for the pool to be used:*

19. Are water depths marked?  Yes  No

20. Are lifeguards present?  Yes  No

21. Is the pool completely fenced?  Yes  No

22. Ratio of staff to child when at pools?

23. Is there a diving board?  Yes  No

24. Is there a self-locking gate?  Yes  No

25. Is there a slide into the pool?  Yes  No

26. Minimum age of children allowed in the water:

### PLAY AREAS: *If you own or have access to a playground area, complete the following questions:*

27. Is the area fenced?  Yes  No

28. Is the equipment checked for safety?  Yes  No

29. Are any trampolines present?  Yes  No

30. Describe playground surface:

### FIELD TRIPS AND OFF PREMISES TRAVEL:

31. Do you offer field trips  Yes  No

32. If "Yes", answer the following:

Describe field trips:

What is the adult/child ratio on trips?

### SPECIAL ACTIVITIES:

33. Are any pets or **animals** kept on premises?  Yes  No

Describe animals, caging and type of interaction:

34. Are **special classes** provided (gymnastics, dance, karate, tumbling, horseback riding, etc.)?  Yes  No

If "Yes", please explain:

35. Are special classes taught by an independent contractor on your premises?  Yes  No

36. Do you request/maintain Certificates of Insurance from all sub-contractors?  Yes  No

### AUTOMOBILE:

37. Is a walk-around vehicle checklist used prior to transporting children?  Yes  No

38. Is there a child head-count before and after any trip?  Yes  No

# SCHOOLS

1. Total number of students enrolled:                      Day                      Evening

## GENERAL LIABILITY:

2. Are pools used for summer programs, i.e. camps?  
If "Yes", complete camp supplemental application.                       Yes     No
3. What type of security is provided for the protection of the residents?
4. Are there science laboratories?                       Yes     No
5. Does the school offer any special vocational or trade programs?                       Yes     No
6. What sports programs do you offer?
7. Does the school hold any events that charge a fee?  
If "Yes", describe:                       Yes     No
8. Does the school lease the facility to the general public?  
If "Yes", describe:                       Yes     No

## AUTOMOBILE:

9. Is there a driver training program for students?                       Yes     No
10. Under what circumstances, if any, are students allowed to drive automobiles?

## CORPORAL PUNISHMENT:

11. Does your school permit corporal punishment?                       Yes     No
12. Is there a written policy concerning the use of corporal punishment?                       Yes     No
13. Have there ever been any claims for corporal punishment?                       Yes     No
14. Does your state permit corporal punishment?                       Yes     No

# ADOPTION AND FOSTER CARE

## GENERAL QUESTIONS:

1. Total number of children placed annually: Adoption \_\_\_\_\_ Foster Care \_\_\_\_\_
2. Does insured place special needs children?  Yes  No  
(Explain conditions: \_\_\_\_\_ )  
If special needs, do the parents have specific training?  Yes  No  
(Explain: \_\_\_\_\_ )
3. Number of years insured has operated: Adoption Program \_\_\_\_\_ Foster Care Program \_\_\_\_\_
4. How many has insured placed since inception of their program: Adoption \_\_\_\_\_ Foster Care \_\_\_\_\_
5. How are the applicants screened (for example, are criminal background checks completed)?
6. Is full disclosure of child's history made to parents prior to placement?  Yes  No
7. Does insured choose the parents and conduct placements, or do they refer to a state agency?

## ADOPTION: (not required if referral agency only)

1. How are the adoptive family applicants evaluated (explain)?
2. Are home studies conducted?  Yes  No
3. What are credentials of the staff?
4. Are children given thorough medical examinations that include prior conditions before they are placed?  Yes  No
5. Are children given to adoptive parents upon release from hospital?  Yes  No
6. Are they placed in a foster home temporarily?  Yes  No
7. Is there a time lapse for the mother to change her mind (each state may have a different time period)?  Yes  No
8. Number of adoptions per year for: Special Needs \_\_\_\_\_ Infant (< 2 years) \_\_\_\_\_
9. Are adoptions open or closed?
10. Are foreign adoptions conducted?  Yes  No  
How many? \_\_\_\_\_ From what countries? \_\_\_\_\_
11. What are the rights of the child's biological grandparents?
12. What are the rights of the child's birth parents?
13. Is counseling provided for the birth parents after placements?  Yes  No

## FOSTER CARE: (not required if referral agency only)

1. How many foster care homes has the insured placed children in? Past Year \_\_\_\_\_ Ever \_\_\_\_\_
2. Total number of case workers: \_\_\_\_\_
3. How many homes is the case manager responsible for? \_\_\_\_\_
4. Are case managers credentialed?  Yes  No

5. Is agency required to conduct follow-up visits after placement has been made?  Yes  No
6. Are these visits unannounced?  Yes  No
7. How often do they occur?
8. Are audit procedures in place to ensure home visits are being conducted?  Yes  No
9. What are the procedures for observed abuse?
10. Do the foster parents receive special counseling after placement?  Yes  No