

Complete this supplement and submit with ACORD® application.

Applicant: _____

GENERAL INFORMATION

- | | |
|----------------------------|---------------------------------|
| 1. Number of members _____ | Capacity of sanctuary _____ |
| Maximum attendance _____ | Average weekly attendance _____ |
2. Are premises used by outside groups? If yes describe _____
 3. Describe youth activities _____
 4. Describe fund-raising activities _____
 5. Is there playground equipment on the premises? Yes No
 6. If yes, is there a playground equipment maintenance program? Yes No

SPECIAL ACTIVITIES/SERVICES

Do you own, operate, or sponsor any of the following:

- | | | | |
|---|--|------------------------------|-----------------------------|
| 1. Abbeys, convents, monasteries, seminaries | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Buildings or premises used for commercial purposes | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. School | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. College or university | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Cemetery | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Summer youth camp | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Radio or television station | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Convalescent homes | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Crisis center (i.e., alcohol, drug, pregnancy) | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Missions | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Nursing homes, homes for the aged, retirement homes | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Orphanages | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. Residential properties other than clergy house of residence | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. Shelters | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. Soup kitchens | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16. Vacant or unoccupied buildings | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 17. Swimming pool | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

SEXUAL MISCONDUCT

1. Does your organization have a written sexual misconduct policy in place? Yes No
 If yes, please describe: _____

2. Are volunteer and compensated applicants for any position involving the supervision or custody of children under age 18 screened? Yes No
3. Are completed job applications for all paid workers kept on file? Yes No
4. Must all volunteers or members in positions involving the supervision or custody of children under age 18 be members of the church for a minimum period of at least six months? Yes No
5. Does the religious institution have a position that two adults must share the supervisory responsibilities of children under age 18 at all times? Yes No
6. Is a staff member ever alone with a child behind closed doors, away from other staff members? Yes No
7. Do you have any past or pending claims relating to any form of sexual misconduct? Yes No
8. Indicate optional limits if desired:
 - \$ 100,000 each claim / \$ 200,000 aggregate
 - \$ 300,000 each claim / \$ 600,000 aggregate
 - \$ 500,000 each claim / \$1,000,000 aggregate
 - \$1,000,000 each claim / \$2,000,000 aggregate

PASTORAL LIABILITY

1. Is the clergy licensed and/or ordained? Yes No
2. Does the clergy perform counseling functions? Yes No
3. Has the clergy received formal training in counseling? Yes No
4. Does the applicant advertise counseling to non-congregation members? Yes No
5. Is a fee required for counseling? Yes No
6. If other than spiritual counseling is offered, do you have a separate professional liability policy? Yes No
 If yes, carrier: _____ policy number: _____
7. Any past or pending claims against your professional liability coverage? Yes No

CHILD CARE FACILITIES

1. Do you operate any of the following:
 - a. Before / after school program? Yes No
 - b. Day care? Yes No
 - c. Kindergarten? Yes No
 If answer to a–c is **yes**, please complete the attached **CHILD CARE QUESTIONNAIRE**.
2. Do you have a day care as a tenant? Yes No

DIRECTORS AND OFFICERS LIABILITY COVERAGE

THIS IS A CLAIMS-MADE COVERAGE. COMPLETE APPLICATION ASB-6007 AND SUBMIT IF COVERAGE IS DESIRED.

COMMERCIAL AUTOMOBILE COVERAGE

Coverage may be available for cars, vans and buses owned by the institution. **Complete application ASB-2503 and submit if coverage is desired.**

INCREASED MONEY & SECURITIES COVERAGE

Coverage for money and securities will automatically double for the period beginning four days preceding Easter, Thanksgiving, Christmas and one day of choice, and ending four days after these special days.

Indicate your day of choice: _____

Date: _____ Agent: _____ Agency Number: _____

RELIGIOUS INSTITUTION OPERATED CHILD CARE FACILITY SUPPLEMENTAL QUESTIONNAIRE FOR DAY CARES, KINDERGARTEN

TENANT OPERATED

What is the square footage of the day care? _____

RELIGIOUS INSTITUTION OPERATED

1. Hours of operation? _____ am/pm to _____ am/pm
2. Are records kept on all injuries? Yes No
3. Is a physical exam or medical certificate required for each child? Yes No
4. Is there a written drop-off and pickup procedure? Yes No
5. Are parents free to visit facility at any time? Yes No
6. Is corporal punishment practiced? Yes No
If yes, attach written procedure.
7. Specify the applicable number for each age group:

	# Children	# Adults
Infants	_____	_____
Toddlers	_____	_____
3-4	_____	_____
5-6	_____	_____
Kindergarten	_____	_____

8. Are staff members trained in first aid including cardiopulmonary resuscitation? Yes No
9. Do you care for children who are physically or emotionally impaired? Yes No
10. Are field trips conducted? Yes No
If yes, describe the nature and mode of transportation:

PREMISES

1. On what floor level is the day care located?
_____ B _____ 1 _____ 2 _____ Other
2. Is there a written evacuation procedure? Yes No
3. Are there regular fire drills? Yes No

PLAYGROUND

1. Does the playground have a physical restraint boundary? Yes No
If yes, describe: _____

DAY CARE LICENSE

1. Is the day care currently licensed? Yes No
2. Has the license ever been revoked? Yes No

EMPLOYEES

1. Describe the educational background of the Director:

2. Do hiring practices include:

completed application?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
pre-employment physical?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
contact personal reference?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
tuberculosis test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
police background check?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Do employees dispense medicine? Yes No
If yes, are prescription labels or instructions from medical personnel required? Yes No