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| ***ENTITY INFORMATION*** |
| Named Insured:       |
| Denomination (specify):       |
| Number of Attendees:       | Number of Clergy:       |
| Number of Employees:       | Number of Volunteers:       |
| ***GENERAL LIABILITY*** |
| Are screening processes and trainings for volunteers comparable to the ones used for employees? (e.g. background checks, applications, etc.) | [ ]  YES [ ]  NO |
| What kinds of counseling does the applicant offer? [ ]  Marriage [ ]  Family [ ]  Youth [ ]  Drug & Alcohol [ ]  Abuse [ ]  Other (Please Specify):       |
| If any clergy (paid or unpaid) provides counseling services, what are their qualifications and educational background? Have they undergone any formal training in counseling techniques?       |
| Are ceremonial pools used? | [ ]  YES [ ]  NO |
| If so, are they secured so that individuals cannot accidentally fall into them when not being used in a service? | [ ]  YES [ ]  NO |
| Are candles or incensed burned during any religious services? | [ ]  YES [ ]  NO |
| Is the building ever left unattended while candles or incense are still burning? | [ ]  YES [ ]  NO |
| Are animals ever used as part of a religious ceremony?  | [ ]  YES [ ]  NO |
| Do you provide any Foster, Adoption Placement, Orphanages, or Children’s Group Homes Services?  | [ ]  YES [ ]  NO |
| What is the maximum number of people allowed on the premises?        |
| What security measures are taken to protect religious artifacts and artwork from theft?       |
| Do you run shelters or temporary/transitional housing? **If yes**, please fill out a Shelters Supplement.  | [ ]  YES [ ]  NO |
| Are daycare and/or preschool programs scheduled outside regularly scheduled worship services? **If yes**, please fill out a Daycare Centers Supplement.  | [ ]  YES [ ]  NO |
| Is a nursery available during applicant’s scheduled activities?  | [ ]  YES [ ]  NO |
| Number of days per week nursery is provided:        | Average number of children in nursery each week:       |
| Nursery is staffed by: [ ]  Employees [ ]  Volunteers |
| Is a youth group program offered?  | [ ]  YES [ ]  NO |
| Age range of children:       | Number in attendance each week:       |
| Youth group is run by: [ ]  Pastor [ ]  Youth Pastor [ ]  Other Employees (Please Specify)       [ ]  Volunteers  |
| List of off-site activities or trips:       |
| List scope of community services provided by the organization:      |
| Are evacuation procedures posted in a location accessible in the event of an emergency? | [ ]  YES [ ]  NO |
| Does the applicant lease any of its premises to its members or the general public?  | [ ]  YES [ ]  NO |
| Does the lease contain an indemnification clause and hold harmless agreement in favor of the applicant?  | [ ]  YES [ ]  NO |
| Do you require all lessees, independent contractors, and facility users to provide you with copies of proof of insurance of at least $1,000,000 in coverage? | [ ]  YES [ ]  NO |
| Does the applicant have any foreign travel exposure within the next 12 months?  | [ ]  YES [ ]  NO |
| Does the applicant have a foreign liability policy in place?  | [ ]  YES [ ]  NO |
| Does the applicant obtain signed liability waivers from all participants?  | [ ]  YES [ ]  NO |
| Country:       Length of Stay:       Number of Participants Attending:       |
| Describe the activities that will occur:      |
| Does the applicant sponsor any athletic leagues?  | [ ]  YES [ ]  NO |
| Sport(s) Played:       |
| Number of Participants:       | Age of Participants:       |
| Does the applicant require all participants or guardians (if minors involved) to sign a waiver of liability prior to participating?  | [ ]  YES [ ]  NO |
| Does the applicant require evidence of participant’s personal medical insurance?  | [ ]  YES [ ]  NO |
| Does the applicant own a playground area?  | [ ]  YES [ ]  NO |
| Is the area fenced?  | [ ]  YES [ ]  NO |
| Are trampolines present? | [ ]  YES [ ]  NO |
| Describe playground equipment and surfaces:       |
| ***EXPOSURES*** |
| Please Indicate if the Organization has the following exposures and complete the supplemental apps as necessary:  |
| Cemetery/Funeral Services | [ ]  YES [ ]  NO | **Cemetery/Funeral Services Supplement** |
| Commercial Cooking | [ ]  YES [ ]  NO | **Commercial Cooking Supplement** |
| Special Events | [ ]  YES [ ]  NO | **Special Events Supplement** |
| 15 Passenger Vans | [ ]  YES [ ]  NO | **15 Passenger Van Supplement** |