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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** | | | | | |