



Risk Placement Services, Inc.
 PO Box 834
 Poulsbo WA 98370

RELIGIOUS INSTITUTION SUPPLEMENTAL APPLICATION

Please answer all questions completely. If there is insufficient space to complete an answer, please continue on a separate sheet indicating the question number. This Application must be completed, signed, and dated by an officer, director or equivalent executive of the religious organization. Please include all attachments referenced throughout the Application and complete any supplemental pieces referenced within the Application. Please type or print.

The information requested in this Application is for underwriting purposes only and does not constitute notice to the Insurer under any Policy of a Claim or potential Claim. All such notices must be submitted to the Insurer pursuant to the terms of the Policy, if and when issued.

Name of organization: _____

Website address (URL): www. _____

1. Church denomination: _____
2. Number of Church Members: _____
3. Number of clergy: _____
4. Total number of full time paid staff, excluding clerical/secretarial: _____
5. Are any dwellings owned by the church? Yes No
 If yes, is housing provided for clergy only? Yes No
6. Does any building have either stained glass, statuary or other fine arts affixed to the building?
 Yes No *If yes, attach a schedule of fine arts with values for each item.*
7. Does your church offer bingo regularly? Yes No
 If yes, how many people attend annually? _____
If yes, attach a completed Special Event & Bingo Supplement.
8. Does your church have a licensed school (K-12)? Yes No
If yes, attach a completed Educational Services & School Application.
9. Does your church offer childcare (other than during services)? Yes No
If yes, complete the Childcare Supplement.
10. Is your church kitchen equipped with commercial cooking equipment? Yes No
If yes, complete Commercial Cooking Supplement
11. Does your church offer youth group activities? Yes No
If yes, attach a list of activities scheduled for the year.
12. Does your church air TV or radio programs; print or record material for public distribution or sale; or sell books, tapes, CDs or other commercial material? Yes No
If yes, complete the Media Supplement.
13. Does your church provide "meals on wheels" services? Yes No
14. Is Pastoral Counseling Liability coverage desired? Yes No
 If yes, please provide the number of FTE Pastoral Counselors _____

15. Does your staff include any of the following types of professionals?
 Accountants, Attorneys, Architects, Engineers or Financial Advisor/Consultant
If you would like coverage for these individuals please complete the appropriate Supplemental Miscellaneous Professional Application.

16. Indicate any of the following types of events that you sponsor or participate in:
Complete a Special Event Supplement for each event indicated.
 None of the following apply
 Event includes:
 Estimated attendance of more than 300 persons
 Aircraft or watercraft(motorized or not)
 Animals
 Mechanical or non-mechanical entertainment devices(i.e. , inflatable boucers or slides)
 Athletic Participation(i.e., rope courses, climbing walls , marathons, etc.)
 Parades - participation or sponsorship
 Haunted House
 Home Tours
 Fireworks sales or fireworks shows
 Use of Motorized vehicles of any type

17. Provide the following:

	<u>Employees</u>	<u>Volunteers</u>
a) Is unsupervised contact allowed with clients?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Is education verified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) Are Personal references checked?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) Is a written application required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e) Is State 10-digit fingerprint criminal record check required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f) Is Federal 10-digit fingerprint criminal record check required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
g) Are all controls indicated in d-f required prior to any client contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
h) How long are records kept documenting all screening activities Outlined above?	_____	_____

18. Does your organization rent or lease any vehicles on a short term basis? Yes No
 If yes, what is your annual vehicle rental expense? _____

19. Is non-owned auto liability coverage desired? Yes No

20. Does the church formally lease any space to others? Yes No
 If yes, please indicate:
 Area of leased space: _____ To whom is space leased? _____

21. Does the church operate their own Cemetery, Mausoleum, or Columbarium? Yes No
 If yes, please indicate: Annual Internments _____ Cemetery acres _____

22. Does church sponsor overnight trips which include children under the age of 16? Yes No
 If yes, please describe: _____

23. Have you had any claims and/or circumstances that have not been previously reported? Yes No
 If yes, please attach detailed claim information with the date of the loss or occurrence, the status, the amount reserved or paid and a description of the claim or allegation.

The undersigned represents that all statements and answers to questions are true, complete and accurate and that there has been no suppression or misstatement of fact.

THE APPLICANT ACCEPTS NOTICE THAT HE/SHE IS REQUIRED TO PROVIDE WRITTEN NOTIFICATIONS TO THE COMPANY OF ANY CHANGES IN THE RESPONSES GIVEN TO THIS APPLICATION THAT MAY HAPPEN BETWEEN THE SIGNATURE DATE BELOW AND ANY PROPOSED EFFECTIVE DATE.

The undersigned is an authorized representative of the applicant and certifies that reasonable enquiry has been made to obtain the answers to questions on this application. He/She certifies that the answers are true, correct and complete to the best of his/her knowledge.

Date Signed _____ Signature of Applicant _____

Print Name and Title _____