

ACORD CHURCH / SYNAGOGUE SUPPLEMENT- Please Complete Entirely



Property Information: (Main Church / Synagogue Building)

Distance to servicing fire department: _____ Distance to nearest fire hydrant: _____
Smoke and/or Heat Detector: Central Station _____ Local Wired w/Battery Backup _____ Local Battery Operated _____
Burglar Alarm: Central Station _____ Local Wired w/Battery Backup _____ Local Battery Operated _____
Is there a steeple? Yes ___ No ___ If Yes, is there grounded lightning protection? Yes ___ No ___ Is it UL Approved? ___
Type of roof material: _____ Is the Church / Synagogue Building on the Historical Register: Yes ___ No ___
Was the building originally built as a church? Yes ___ No ___ Are there any uncorrected Fire Code violations? Yes ___ No ___
Are there any bankruptcies, tax or credit liens against the Church / Synagogue in the past 5 years? Yes ___ No ___
Does the Church / Synagogue have cooking facilities? Yes ___ No ___ How many time per week is cooking done? _____
Deep Fat Fryer or Grill? Yes ___ No ___ If yes, is there a UL-300 Ansul extinguishing system? Yes ___ No ___
Does the fire suppression system/duct work have a semi-annual inspection by a service contractor Yes ___ No ___

Property Notes: 1) *Stained glass values should be included in the building values*
2) *For Money & Securities or Employee Dishonesty coverage use Crime Acord application*

Liability Information:

Current No. of Members _____ Average Weekly Attendance _____ Year Church was Founded _____
Number of Pastors/Priests/Rabbis _____ Total No. of Employees (incl. clergy) _____ Number of Board Members _____
What is the extent of counseling services provided by Clergy?

Is the Insured a subsidiary of another entity? Yes ___ No ___ Does the Insured have any subsidiaries? Yes ___ No ___
If Yes, who?

Does the Church / Synagogue operate or house a day care, preschool, or full-time school? Yes ___ No ___
If yes, a supplemental application is required

Has the Church / Synagogue or any of its past or present directors, officers, trustees, committee members, employees or anyone acting in a ministerial capacity ever been involved in a lawsuit or claim for sexual abuse, misconduct, or molestation, or has any charge or arrest been made against said person for the same? Yes ___ No ___

If Yes, please explain:

Are you aware of any past or present incidents that could result in a claim of this nature? Yes ___ No ___

If Yes, please explain:

List all groups and auxiliary organizations operating within the sponsorship or sanction of the Church / Synagogue:

List outside groups that are allowed to use the Church / Synagogue premises:

If outside groups are allowed to use the premises, are certificates of insurance obtained? Yes ___ No ___

Does the Church / Synagogue formally lease space to others? Yes ___ No ___

If Yes, please indicate: area of space leased _____ to whom is space leased _____

Does the Church / Synagogue operate their own Cemetery, Mausoleum, or Columbarium? Yes ___ No ___

If Yes, please indicate: Acreage _____ Legal Location, if not at church premises _____

Does the Church / Synagogue employ a nurse, EMT or paramedic that provides medical services to members? Yes ___ No ___

If Yes, please provide a narrative listing number of personnel and a list of duties/responsibilities.

Does the Church / Synagogue sponsor overnight trips which include children under the age of 16? Yes ___ No ___

If Yes, please describe:

Does the Church / Synagogue sponsor any foreign trips? Yes ___ No ___

If Yes, please describe:

PLEASE FORWARD ACORD APPLICATION WITH PICTURES OF EACH BUILDING & LOSS RUNS TO:

Church Underwriters, Inc. 342 East County Road D St. Paul, MN 55117

Fax (651) 771-3551 (800) 869-8904 info@chuund.com