

CHURCH UNDERWRITERS, INC.



Request for Proposal

Instructions:

1. Include current photos and loss runs, if available
2. Submit completed ACORD applications for auto, workers compensation and umbrella
3. E-mail to info@chuund.com or fax to 651-771-3551

Name of Producer	Phone Email	Name of Applicant	Denomination
Name of Agency		Applicant Contact Person	Phone
Address		Mailing Address	
City	State	Zip	City
			State
			Zip
Policy Effective Date	Date Quote Needed	Year Founded	FEIN

Property

Item	Description/Occupancy	Address	Protection Class
1.)			
2.)			
3.)			

Item	Building Limit	RC or ACV	Contents Limit	Deductible	Construction Type	Area excluding Basement	Basement Area	# of Stories	Year Built
1.)									
2.)									
3.)									

Item	Roof Type	Year of Complete Roof Replacement	Electrical Update	Heating Update	Plumbing Update	Distance to Hydrant (ft.)	Distance to Fire Department (mi.)
1.)							
2.)							
3.)							

Optional Property Coverages

Equipment Breakdown	Yes ___ No ___	Limit: _____	Money & Securities	Yes ___ No ___	Limit: _____
Outdoor Sign	Yes ___ No ___	Limit: _____	Employee Dishonesty	Yes ___ No ___	Limit: _____
Earthquake	Yes ___ No ___	Limit: _____	Forgery & Alteration	Yes ___ No ___	Limit: _____
Water Backup	Yes ___ No ___	Limit: _____	Ordinance or Law	Yes ___ No ___	Limit: _____
Utility Services	Yes ___ No ___	Limit: _____	Spoilage	Yes ___ No ___	Limit: _____

Liability

General Liability - Occurrence	Limit: _____	Directors & Officers	Limit: _____
General Liability - Aggregate	Limit: _____	<i>Retro Date, if applicable</i>	<i>Date: _____</i>
Medical Expenses	Limit: _____	Employment Practices	Limit: _____
Damage to Rented Premises	Limit: _____	<i>Retro Date, if applicable</i>	<i>Date: _____</i>
Sexual Misconduct	Limit: _____	Employee Benefits	Limit: _____
Non-Owned/Hired Auto	Limit: _____	Religious Expression	Limit: _____
Cyber	Limit: _____		

General

- 1.) Average weekly attendance: _____
- 2.) Number of employees: FT ____ PT ____
- 3.) Does the applicant own or operate any business not included on this application? Yes ____ No ____
- 4.) What pay plan was the applicant on with their prior carrier (Monthly, Quarterly, Semi-Annual or Annual)? _____
- 5.) Does the applicant operate a formal school, pre-school, daycare, mothers' day out, camp or daycamp (other than VBS)? If yes, contact our office for an additional supplemental application. Yes ____ No ____
- 6.) Does the applicant own or operate a cemetery at a separate location? Yes ____ No ____
- 7.) Does the applicant operate any non-profits on behalf of the Church (E.g. Thrift Store, Outreach Program, Food Pantry, etc.)? Yes ____ No ____
- 8.) Is there a formal safety program in operation?
 - If yes, pick one of the following: (1) Written safety manual or program; (2) Safety director or risk manager; (3) Regularly scheduled safety meetings with training, or (4) Other _____
- 9.) Does the applicant have a commercial cooking exposure? Yes ____ No ____
- 10.) Does the applicant host any special events such as: Fund-raiser, Picnics, Parades, Carnivals, Specialty Shows, Paint Nights, etc.? Yes ____ No ____
- 11.) Does the applicant sponsor any athletic teams? Yes ____ No ____

Property

- 12.) Does any building have any of the following:
 - Galvanized plumbing Yes ____ No ____
 - Fuses Yes ____ No ____
 - Knob-and- tube wiring Yes ____ No ____
 - Federal Pacific Electric Stab-Lok Panels Yes ____ No ____
- 13.) Is any building on the national historical register? Yes ____ No ____
- 14.) Is any building being used for something other than its originally designed purpose? Yes ____ No ____
- 15.) Does any building have uncorrected fire code violations? Yes ____ No ____

Sexual Misconduct Liability

- 16.) Does your organization have a written zero tolerance for abuse policy which includes procedures designed to prevent acts of sexual misconduct that is communicated to all employees and volunteers? Yes ____ No ____
- 17.) Does your organization have a written crisis plan in place for dealing with employees, victims, parents, authorities and the media if there is an incident of abuse? Yes ____ No ____
- 18.) Does your organization require that no minor is ever alone with only one adult on your organization's premises or in any organization sponsored activity unless in a counseling situation? Yes ____ No ____
- 19.) Does your organization conduct nationwide and statewide criminal or sex offender background checks on all employees and volunteers? Yes ____ No ____

- 20.) Does your organization conduct reference checks (contacting at a minimum two organizations in which the applicant has previously worked) on all employees and volunteers? Yes ___ No ___
- 21.) Have any of your organization's past or present employees, volunteers or representatives ever received a report, a complaint, an allegation, ever been charged, convicted, had a claim for damages submitted against, or sued in civil court for any type of sexual misconduct? Yes ___ No ___

Church Directors & Officers Liability

- 22.) Does the applicant have any open D&O claims, suit or complaints, or are there any pending against the organization (including employees, independent contractors or volunteers)? Yes ___ No ___
- 23.) Does the applicant or any executive, officer, or owner have any knowledge or information of any act, error, or omission which could reasonably be expected to give rise to a D&O claim, suit or complaint? Yes ___ No ___

Employment Practices Liability

- 24.) Years of continuous operation under same ownership? _____
- 25.) Does the applicant have any open EPL claims, suit or complaints, or are there any pending against the applicant or any executive, officer or owner? Yes ___ No ___
- 26.) Does the applicant or any executive, officer, or owner have any knowledge or information of any act, error, or omission which could reasonably be expected to give rise to an EPL claim, suit or complaint? Yes ___ No ___
- 27.) Are all applicants required to complete and sign an employment application? Yes ___ No ___
- 28.) In the past 12 months, have there been any layoffs or reductions in force totaling more than 15% of the total employee count, or are any expected in the coming 12 months? Yes ___ No ___

Hired & Non-Owned Auto Liability

- 29.) Does the applicant have owned autos or require Garage-keepers coverage? Yes ___ No ___

Additional Interest – Mortgagee, Loss Payee, Additional Insured

Name & Address	Type	Location	Interest	Loan/Serial #
	M / LP / AI			
	M / LP / AI			

Three-Year Claims History

Date of Loss	Description	Claim Total	Closed
			Yes ___ No ___
			Yes ___ No ___
			Yes ___ No ___

Current Insurance Carrier: _____ Current Premium: _____

Has any policy or coverage been declined, cancelled or non-renewed in the past five years? Yes ___ No ___

If yes, provide details: _____

Insured Signature: _____

Producer Signature: _____

Name/Title: _____

Name: _____

Date: _____

Date: _____