

CHURCH UNDERWRITERS, INC.

REQUEST FOR PROPOSAL 7/31/13 Edition

342 East County Road D St. Paul, MN 55117
(800) 869-8904 Fax (651) 771-3551 (651) 771-3850



Agency Contact Person		Phone Fax Email	Name of Church / Synagogue		Denomination
Name of Agency			Church Contact Person		Phone
Address			Church Mailing Address		
City		State	Zip		
City		State	Zip		
Policy Effective Date		Date Quote Needed	Church County		FEIN

PROPERTY (If there are more than 4 locations use another application front page)

Item	Description	Address	Protection Class
1.			
2.			
3.			
4.			

Item	Building Limit (Incl. Stained Glass)	RC / ACV	Contents Limit	Deductible (\$500 Min)	Co-Ins.	Const. Type	Sq Ft Excl. Basement	Basement Sq Ft	# Stories	Year Built
1.										
2.										
3.										
4.										

Item	Year of Most Current Updates				Mortgagees (List Separately for Each Building)
	Roof	Electrical	Plumbing	Heating System	
1.					
2.					
3.					
4.					

LIABILITY OPTIONS: Medical Payments Limit: _____

Clergy Professional Yes___ No___ Limit: \$1,000,000 if Selected
 Directors & Officers Yes___ No___ Limit: \$1,000,000 if Selected
 Sexual Molestation Yes___ No___ Limit: _____
 Hired & Non-Owned Auto Yes___ No___ Limit: \$1,000,000 if Selected
 Employee Benefits Liability Yes___ No___ Limit: \$1,000,000 if Selected
 Employment Pract. Liability Yes___ No___ Limit: _____

PROPERTY OPTIONS:

Equipment Breakdown Yes___ No___
 If yes, does Church have: Boiler___ Central Air___
 Clergy Bpp Yes___ No___ Limit___
 Sewer Backup Yes___ No___ Limit___
 Money & Securities Yes___ No___ Limit___
 Employee Dishonesty Yes___ No___ Limit___
 Earthquake Yes___ No___

OTHER COVERAGES DESIRED (ATTACH ACORD APPLICATIONS FOR EACH):

SCHEDULED AUTO___ UMBRELLA___ WORKERS COMPENSATION___ INLAND MARINE___

5 YEAR LOSS EXPERIENCE

Date	Nature of Loss	Amount of Loss

UNDERWRITING QUESTIONS -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 times 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___

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 any 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:

Current Insurance Company _____ Current Premium _____

Has any policy or coverage been declined, cancelled or non-renewed in the past 5 years? Yes___ No___
If Yes, why? _____

PLEASE FORWARD THIS APPLICATION WITH PHOTOS 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

AGENT'S SIGNATURE

CHURCH REPRESENTATIVES SIGNATURE / Title