



United States Liability Insurance Group Storefront/Community Church Supplemental Application

APPLICATION

ALL QUESTIONS MUST BE ANSWERED AND APPLICATION MUST BE SIGNED BY APPLICANT.

Named Insured: _____

Number of current members _____ Number of members 5 years ago _____

Total Building Sq. Ft. _____ Parking area Sq. Ft. _____

Liability Questions

- 1) Circle all services that apply and provide details for each
- | | | | | |
|------------------|--------------------------|-------------------------|------------------------|----------------|
| School | After/Before School care | Youth/Recreation center | Day camp | Overnight camp |
| Cemetery | Social Hall | Auditorium | Mom's day out | Craft shows |
| Soup Kitchen | Gymnasium | Playground | Athletic teams/Leagues | Pool |
| Sponsored events | Bingo/Vegas Nights | Fund Raising | Bazaars | Fair |
| Medical ministry | Off premises activities | Missionary | Day trips | Job Training |
| Adult Daycare | Other/Details _____ | | | |
- 2) Is any of the premises leased/subleased to others? Yes No If Yes, Details _____
If yes above, do they name the applicant as additional insured? Yes No
- 3) Any residential facility owned? Yes No If Yes, Details _____
- 4) Are any products sold including food? Yes No If Yes, Details _____
- 5) Is alcohol served at any function on premise? Yes No If Yes, Details _____
- 6) Has there ever been a sexual or physical abuse claim or incident? Yes No If Yes, Decline
- 7) Are all exit signs illuminated on premise? Yes No If No, Decline
- 8) Are there two or more means of egress from the building? Yes No If No, Decline
- 9) Any anticipated construction of new buildings or alterations to existing structures? Yes No
- 10) Maximum capacity of the facility for services/events? _____
- 11) How many times/days during the week is church in operation? _____
- 12) Additional insured requests (include interest of each) _____

Nursery and Day Care: None

- 1) Maximum number of children at any one time? _____ (If over 20 children complete our daycare application)
- 2) Are Criminal and background checks required for nursery employees prior to employment? Yes No If no, Decline.
- 3) Are children allowed to be dropped off or pick up WITHOUT signing a Sign In/Out sheet? Yes No If yes, Decline
- 4) Are trampolines or gymnastic equipment provided in the nursery? Yes No If yes, Decline

Property Questions

- 1) Is the property value greater than \$500,000? Yes No If yes, Decline property
- 2) Is all electrical wiring on circuit breakers? Yes No If no, Decline.
- 3) Is there any aluminum wiring on the property? Yes No If yes, Decline.
- 4) Are all doors and windows locked after hours? Yes No If no, Decline.
- 5) Does the building meet applicable fire codes? Yes No If no, Decline.
- 6) Are unattended candles prohibited? Yes No If no, Decline.
- 7) Are all furnaces on at least an annual service contract? Yes No If no, Decline.
- 8) If there is a Steeple is it protected by a lightning system bearing the UL label? Yes No If no, Decline.
- 9) Are fire extinguisher accessible, inspected annually and clearly marked? Yes No If no, Decline.
- 10) Has the facility ever been protested, picketed or vandalized? Yes No If yes, Decline.
- 11) Is the building on a historical registrar Yes No If yes, Decline property
- 12) Is the property eligible according to our coastal guidelines? Yes No If No, Decline property
- Construction _____ Year built _____ Protection class _____

Special form requires all utilities to be updated in the last 20 years and theft coverage requires a central station burglar alarm.

Age of roof _____ Roof pitched or flat Electrical update _____ Plumbing update _____ Heating update _____

Protective devices: (check all that apply) Smoke detectors Local alarm Sprinkler system covering 100% of premise

Central station burglar alarm Central station fire alarm Surveillance Cameras

Is there a kitchen facility Yes No If yes, list equipment, age and condition of all appliances _____

Automatic extinguishing system Yes No If yes, is it on a service contract Yes No

Read and Sign below:

I hereby state that the information provided and contained in this application is true and accurate to the best of my knowledge and that no material facts have been misrepresented or misstated.

Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall be prosecuted to the full extent of the law.

Applicants Signature: _____

Date: _____