



4. Crime			
Coverages	Limits Included in 'Faith Protect Plus'	Higher Limits required? (Insert Limit)	Limits Included in 'Faith Protect'
Broad Form Money & Securities (Inside)	\$20,000	\$	\$2,500
Broad Form Money & Securities (Outside)	\$20,000	\$	\$2,500
Money Orders & Counterfeit paper Currency	\$20,000	\$	\$2,500
Depositor's Forgery	\$20,000	\$	\$2,500
Employee Dishonesty	\$20,000	\$	\$2,500
Increase in Broad Form Money - Religious Holidays/Special Events	50% of Insured Limit	\$	NIL

5. Liability	
Coverages	Limits
Commercial General Liability	\$ (Occurrence/Aggregate)
Tenant's Legal Liability (Broad Form)	\$250,000 limit automatically included Higher Limit required? \$ _____

**Please Refer To Product Highlight Brochure For Coverages Which Are Automatically Included**

**6. Property Risk Information – Building #1 (Please complete supplement(s) for additional buildings)**

Building occupied as \_\_\_\_\_ Year Built \_\_\_\_\_  
 Number of Storeys \_\_\_\_\_ Total Area \_\_\_\_\_ square meters

Is building protected by a Burglary alarm? Yes \_\_\_ No \_\_\_  
 If Yes, is it monitored? Yes \_\_\_ No \_\_\_ (rings to off site station), or Local \_\_\_ (rings only at premises)

Is building protected by a Fire alarm system? Yes \_\_\_ No \_\_\_  
 If yes, is it monitored? \_\_\_ or Local ? \_\_\_

**Building Construction (Select one, if mixed, indicate percentage applicable to each type)**

<b>Fire Resistive</b> (concrete walls, roof, floors)	
<b>Non- Combustible</b> (masonry Walls, steel deck roof, concrete floors)	
<b>Masonry</b> (Masonry walls, wood floors/roof)	
<b>Brick Veneer</b> ( frame walls with brick veneer, wood roof/floors)	
<b>Frame</b> (walls, roof/floor all of combustible materials)	

Distance to fire hydrants _____ meters	Is building sprinklered: Yes _____ No _____ If yes, what percentage of building is protected? _____% Is system monitored ? Yes ___ No _____
Distance to full-time Firehall _____ kilometers OR	
Distance to Volunteer Firehall _____ kilometers	

Type of heating system (select one) : Steam \_\_\_ Hot Water \_\_\_ Forced Air \_\_\_ Electric \_\_\_  
 Other (Describe) \_\_\_\_\_  
 Type of secondary heating system, if any: \_\_\_\_\_

Is Building Historically listed? Yes ___ No ___	Any cooking on premises? Yes ___ No ___ If yes, is there a CO2 extinguishing system with a semi-annual maintenance contract in place? Yes ___ No ___
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Does building have Stained Glass windows? Yes \_\_\_ No \_\_\_ Is yes, total area \_\_\_\_\_ square meters

**6. Property Risk Information – Building # 1 (continued)**

Does building have wooden pews? Yes \_\_\_ No \_\_\_ If yes, type of wood \_\_\_\_\_ Number \_\_\_\_\_ length \_\_\_\_\_

Does building have a Pipe Organ? Yes \_\_\_ No \_\_\_ If yes, name of manufacturer \_\_\_\_\_  
Serial # \_\_\_\_\_ Number of stoppers \_\_\_\_\_

**Is Boiler And Machinery Coverage Required? Yes \_\_\_ No \_\_\_ (if yes complete below)**

Any pressure vessels over 24-inch in diameter? Yes \_\_\_ No \_\_\_  
If Yes please provide details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is food spoilage coverage required? Yes \_\_\_ No \_\_\_ If yes, maximum value of contents \$ \_\_\_\_\_  
Any major equipment breakdowns or claims within last 5 years? Yes \_\_\_ No \_\_\_  
If Yes please provide details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**7. Crime Coverage Information**

Are cheques counter-signed? Yes \_\_\_ No \_\_\_ Maximum amount of cash kept on premises at any one time \$ \_\_\_\_\_  
Is cash and other securities kept in a money- safe with a combination lock? Yes \_\_\_ No \_\_\_

**8. Liability Risk Information**

Please advise the number of people attending your place of worship on a weekly basis in the following categories:  
Clergy \_\_\_ Congregation in full \_\_\_\_\_ Annual Operating Budget : \$ \_\_\_\_\_

Do you operate any income generating activities ? Yes \_\_\_ No \_\_\_ (example: wedding receptions; banquets)  
If Yes, please provide full details:

\_\_\_\_\_  
\_\_\_\_\_

Do you rent out space to community groups? Yes \_\_\_ No \_\_\_  
If yes, please provide details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If premises rented to third parties for banquets what are annual revenues generated? \$ \_\_\_\_\_

Is liquor served? Yes \_\_\_ No \_\_\_ If yes, please provide the following information :

- i) Is liquor permit obtained by third party? Yes \_\_\_ No \_\_\_
- ii) Who serves liquor? \_\_\_\_\_
- iii) Is proof of liquor liability insurance provided? Yes \_\_\_ No \_\_\_
- iv) What type of functions is liquor served at (eg. weddings, banquets etc) ? \_\_\_\_\_

Day-care or School operated (Other than Sunday school) ? Yes \_\_\_ No \_\_\_ If yes, please complete separate supplement

Is there a cemetery? Yes \_\_\_ No \_\_\_

Summer Camp? Yes \_\_\_ No \_\_\_ If yes, please complete camp supplement

## 8. Liability Risk Information (continued)

Outreach or overseas missionary programmes? Yes \_\_\_ No \_\_\_

If yes, please provide details – on separate sheet if necessary:

\_\_\_\_\_

Are fees charged for counselling services? Yes \_\_\_ No \_\_\_

Do any persons other than ordained religious leaders provide counselling? Yes \_\_\_ No \_\_\_

If yes, please provide details:

\_\_\_\_\_

## 9. Non-Owned Automobile Information

Do employees/volunteers regularly use their personal vehicles for religious institution business? Yes \_\_\_ No \_\_\_

Are 15 seat passenger vans rented or borrowed? Yes \_\_\_ No \_\_\_

If yes, do you confirm that a minimum of \$2 Million third party liability is in force? Yes \_\_\_ No \_\_\_

Are buses rented/loaned or chartered? Yes \_\_\_ No \_\_\_

If yes, do you confirm that a minimum of \$5 Million third party liability is in force? Yes \_\_\_ No \_\_\_

Any U.S.A. exposure? Yes \_\_\_ No \_\_\_

If yes, please provide details:

\_\_\_\_\_

Do you check motor vehicle abstracts for people who will be transporting passengers on religious institution trips? Yes \_\_\_ No \_\_\_

**IF YOU REQUIRE QUOTATION(S) FOR UMBRELLA LIABILITY, DIRECTOR'S & OFFICER'S LIABILITY OR ABUSE COVERAGES PLEASE COMPLETE SEPARATE APPLICATIONS**

## 10. Previous Insurance and Claims Experience Information

Name of Prior Insurer \_\_\_\_\_

Policy Number \_\_\_\_\_ Number of Years Insured with Prior Insurer \_\_\_\_\_

Expiry date of Policy (mm/dd/yyyy) \_\_\_\_\_ Expiring Premium \_\_\_\_\_

Has any Insurance Company cancelled or declined to renew an insurance policy for applicant? Yes \_\_\_ No \_\_\_

If yes, please provide details of the circumstances:

\_\_\_\_\_

Please provide information for all claims in the last five years. If no claims, please check

Date of claim	Description	Amount Paid or reserved
(mm/dd/yyyy)		
(mm/dd/yyyy)		
(mm/dd/yyyy)		

**Broker Information** – Is this new business to your office? Yes \_\_\_ No \_\_\_

**Please attach colour photographs of each building to be insured – one each of front and rear and a copy of the most recent building appraisal if the building is to be insured**

### To Be Completed by Applicant

The undersigned authorized officer of the organization declares that, to the best of his/her knowledge, the statements set forth herein are true. Signing of this proposal does not bind the Insurer to offer, nor the applicant to accept insurance, but, it is agreed that this form shall be the basis of the contract should a policy be issued.

Date (mm/dd/yyyy) \_\_\_\_\_ Signature of Officer \_\_\_\_\_ Title \_\_\_\_\_