

# National Risk Solutions

Thank you for choosing National Risk Solutions. We look forward to providing you with a quick, competitive quote.

Please complete the following application in its entirety and include any pertinent underwriting information. Also, please be sure to include a fax # or e-mail where we may return your quote promptly.

Once complete please:

1. E-Mail application to [NRSapps@NRSinsurance.com](mailto:NRSapps@NRSinsurance.com)
- OR
2. Fax application to (877)-743-4252

If you have any questions, please do not hesitate to contact us at (866)-417-4855 ext. 401.

We appreciate your business.

Sincerely,

*The National Risk Solutions Team*



# Storefront/Community Church Product Application

Type of coverage being requested:  General Liability  Property  Non Profit D&O  
Please fill out the General Information section, along with the section(s) you are requesting coverage.

## SECTION I. GENERAL INFORMATION:

1. Name of Organization: \_\_\_\_\_
2. Does this organization have a tax exempt status as defined by the I.R.S.  Yes  No
3. Mailing Address: \_\_\_\_\_
4. Location Address: \_\_\_\_\_
5. Website Address: \_\_\_\_\_ Email Address: \_\_\_\_\_
6. Number of years in operations: \_\_\_\_\_
7. Description of Operations: \_\_\_\_\_
8. Check all services that apply and provide details for each:
 

<input type="checkbox"/> School	<input type="checkbox"/> Youth/Recreation Center	<input type="checkbox"/> Overnight Camp	<input type="checkbox"/> Missionary Trips	<input type="checkbox"/> Adult Daycare
<input type="checkbox"/> Soup Kitchen	<input type="checkbox"/> Pool	<input type="checkbox"/> Medical Ministry	<input type="checkbox"/> Job Training	<input type="checkbox"/> Shelter Operation
<input type="checkbox"/> Fair	<input type="checkbox"/> Rooming House	<input type="checkbox"/> Cemetery	<input type="checkbox"/> Other _____	

 Details of Checked items: \_\_\_\_\_
9. Any cancellation or non-renewal of insurance in the past 3 years? (If yes, please provide details separately)  Yes  No
10. Any prior or pending bankruptcy in the past 5 years?  Yes  No
11. Any tax liens or back taxes owed on any properties?  Yes  No
12. Is all electrical wiring connected to functioning and operational circuit breakers?  Yes  No
13. Does the electrical system have aluminum wiring?  Yes  No
14. Does the electrical system have knob & tube wiring?  Yes  No
15. Are there functioning and operational smoke and/or heat detectors in all units and occupancies?  Yes  No
16. Has the organization or any of its past or present directors, officers, trustees, committee members, employees, volunteers or others acting on behalf of the organization ever been accused of or been involved in a lawsuit, claim or criminal charge involving sexual abuse, sexual misconduct or sexual molestation?  Yes  No
17. Total # of buildings: \_\_\_\_\_ Total sq ft per building: \_\_\_\_\_ Building 1: \_\_\_\_\_ Building 2: \_\_\_\_\_ Building 3: \_\_\_\_\_  
Total sq ft being used for church operations per building: \_\_\_\_\_ Building 1: \_\_\_\_\_ Building 2: \_\_\_\_\_ Building 3: \_\_\_\_\_
18. Building Interest:  Owner  Tenant
19. Does the applicant have any residential facilities for clergy only?  Yes  No  
If yes, please provide square footage: \_\_\_\_\_ (sq ft)
20. Does the applicant lease space to others?  Yes  No  
If yes, Apartments \_\_\_\_\_ (# of units), Mercantile \_\_\_\_\_ (sq ft), Other \_\_\_\_\_  
Description of mercantile operations \_\_\_\_\_
21. Does applicant's lease agreement require all commercial tenants to name them as an Additional Insured on tenant's Commercial Liability Policy?  Yes  No
22. **Mortgagees/Additional Insureds/Loss Payees**  
List name, Address and Interest of each: Indicate applicable section:
  - a. Name: \_\_\_\_\_  Property  GL  
Address: \_\_\_\_\_  
Interest: \_\_\_\_\_
  - b. Name: \_\_\_\_\_  Property  GL  
Address: \_\_\_\_\_  
Interest: \_\_\_\_\_

23. Inspection Contact Name: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**SECTION II. GENERAL LIABILITY:**

24. Are all exit signs illuminated on premises?  Yes  No
25. Are there two or more means of egress from each floor having public access?  Yes  No
26. Any anticipated construction of new buildings or alterations to existing structures?  
(If yes, please provide details separately)  Yes  No
27. Have there been any General Liability claims in the last 3 years (If yes, please provide details separately)  Yes  No
28. Are there child-sitting/nursery operations during the services?  Yes  No
- a. If yes, is there a sign in and sign out procedure for the children?  Yes  No

**ABUSE & MOLESTATION LIABILITY:**

29. Does your hiring process for employees and volunteer workers include questions about whether the individual has ever been convicted of any crime and involved in any lawsuit, claim or criminal charge involving sexual abuse, sexual molestation or sexual misconduct?  Yes  No
30. Do you require and verify prior employment and personal references on every prospective employee?  Yes  No
31. Except for bona fide counseling sessions, are minors ever left alone with only one adult in any program, service, event or other church-sponsored activity?  Yes  No
32. Do you follow policies or procedures for the proper supervision of employees and volunteers who are in direct contact with minors and other individuals in all on-site or off-site programs, services, events or other activities of Applicant?  Yes  No
33. **HIRED AND NONOWNED AUTO:**  Check if coverage is desired and answer questions a through d  
Note: If Hired /Nonowned is checked, limit will equal General Liability Occurrence limit.
- a. Does the applicant have a Business (or Commercial) Automobile Insurance Policy in force?  Yes  No
- b. Does the applicant regularly deliver goods or products?  Yes  No
- c. Does the applicant require its employees to use their personal automobile to conduct the organization's business on a regular basis?  Yes  No
- d. Does the organization transport people either by themselves or via contract service?  Yes  No

34. **CHILD CARE OPERATIONS:** (If none, skip to section III)

Check all Child Care services that apply and answer questions a through q:

Child Care  After School Program  Day Camp

a. Are you:  Licensed  Registered  Certified  Exempt (explain) \_\_\_\_\_

b. Has your license, registration or certification ever been revoked or suspended?  Yes  No

c. Hours of operation: \_\_\_\_\_ Number of Days open per week: \_\_\_\_\_

d. Enter the MAXIMUM number of children on the premises, in "each age group" on the highest attendance date within the past 12 months:

# of children 0-3 years: \_\_\_\_\_ # of staff members on duty: \_\_\_\_\_

# of children 4-6 years: \_\_\_\_\_ # of staff members on duty: \_\_\_\_\_

# of children over 6 years: \_\_\_\_\_ # of staff members on duty: \_\_\_\_\_

Total # of children: \_\_\_\_\_ Total # of staff members: \_\_\_\_\_

e. Licensed Capacity: \_\_\_\_\_ Please enter highest average daily attendance \_\_\_\_\_

f. Do you comply with the state's staff to child ratio at all times?  Yes  No

g. Do you accept physically, medically or mentally challenged children or children with special needs?  Yes  No

If yes, describe conditions: \_\_\_\_\_

h. Do you have any outstanding violations cited in an inspection that have not been corrected within the deadline for compliance?  Yes  No

- i. Is there an outside play area?  Yes  No  
If yes, is it completely fenced?  Yes  No
- j. Is there a pool, jacuzzi or spa on the premises?  Yes  No  
If yes, is it covered or locked from access by children?  Yes  No
- k. Are there trips taken to lakes, beaches, water parks or swimming pools?  Yes  No
- l. Are permission slips signed by parent/guardian for all trips off premises?  Yes  No
- m. Any trampolines, gymnastic equipment, moonwalk/bounce equipment, wall climbing, or ball pits?  Yes  No
- n. Any martial arts, gymnastics or contact sports?  Yes  No
- o. Are over the counter drugs dispensed with parents written authorization stating dosage and times within a written log?  Yes  No
- p. Are criminal background check investigations conducted on all employees or volunteers?  Yes  No
- q. Are employees under the age of 18 and all volunteers supervised at all times?  Yes  No

**SECTION III. PROPERTY:**

Building Construction	Protection Class	Deductible	Cause of Loss
<input type="checkbox"/> Frame <input type="checkbox"/> Joisted masonry <input type="checkbox"/> Noncombustible <input type="checkbox"/> Masonry NC <input type="checkbox"/> Fire Resistive	<input type="checkbox"/> 1-6 <input type="checkbox"/> 7-8 <input type="checkbox"/> 9-10	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	<input type="checkbox"/> Basic <input type="checkbox"/> Special/excluding theft <input type="checkbox"/> Special (requires a Central Station Burglar Alarm)
<b>Building Limit:</b>	\$ _____	Coinsurance (80% minimum) _____% <input type="checkbox"/> ACV <input type="checkbox"/> RC	
<b>Improvements and Betterments Limit:</b>	\$ _____	Coinsurance (80% minimum) _____% <input type="checkbox"/> ACV <input type="checkbox"/> RC	
<b>Business Personal Property Limit:</b>	\$ _____	Coinsurance (80% minimum) _____% <input type="checkbox"/> ACV <input type="checkbox"/> RC	
<b>Business Income Limit:</b>	\$ _____	Coinsurance: _____% <input type="checkbox"/> 50% <input type="checkbox"/> 80% <input type="checkbox"/> 100% <input type="checkbox"/> With Extra Expense      or      Monthly Limit of Indemnity <input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6 <input type="checkbox"/> Without Extra Expense	
<input type="checkbox"/> Value Plus Endorsement			
<input type="checkbox"/> Employee Dishonesty \$ _____		# of Employees _____	
<input type="checkbox"/> Money & Securities \$ _____		Inside \$ _____ Outside (\$500 Standard Deductible)	
<input type="checkbox"/> Burglary & Robbery \$ _____		Inside \$ _____ Outside (\$500 Standard Deductible)	
<input type="checkbox"/> Outdoor Signs \$ _____			
<input type="checkbox"/> Equipment Breakdown (Coverage requires a maintenance contract for all refrigeration units)			

- 35. Burglar Alarm:     Local                       Central Station Burglar Alarm     None
- 36. Type of plumbing?     PVC/Plastic                       Copper                       Iron  
    Lead                                       Galvanized                       Other \_\_\_\_\_
- 37. Type of roof?             Flat                                       Wood Shake                       Shingle                       Metal  
    Tile                                       Slate                                       Other \_\_\_\_\_
- 38. Age of building: \_\_\_\_\_
- 39. Roof Updated, yr. \_\_\_\_\_ Electrical Updated, yr. \_\_\_\_\_ Plumbing Updated, yr. \_\_\_\_\_ Heating Updated, yr. \_\_\_\_\_
- 40. Fire Protection:     Sprinklers     Central Station Fire Alarm     Local Fire Alarm     Annually Serviced Fire Extinguisher(s)
- 41. Are there functioning and operational fire extinguishers readily available?  Yes  No
- 42. Is there commercial cooking equipment?  Yes  No  
If yes, list equipment, age and condition of all equipment: \_\_\_\_\_
- a. Is the cooking area, hood and duct system protected per NFPA 96?  Yes  No
- b. Is it on a semi-annual service contract?  Yes  No
- 43. Have any officers or board members of this organization ever been convicted of the felony of arson?  Yes  No
- 44. Have there been any property losses in the past 3 years? (If yes, please provide details separately)  Yes  No

**SECTION IV. NON PROFIT DIRECTORS & OFFICERS AND EMPLOYMENT PRACTICES LIABILITY**

45. Does the Organization engage in any disciplinary actions as a result of peer review activities?  Yes  No
46. Does the Organization administer or sponsor any insurance programs?  Yes  No
47. Is the Organization involved in any accreditation or standard setting activities?  Yes  No
48. Total number of Employees: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Volunteers \_\_\_\_\_ Seasonal \_\_\_\_\_
49. Number of members: \_\_\_\_\_ Number of chapters: \_\_\_\_\_  
 If there are chapters, is coverage requested for them under this Policy?  Yes  No
50. Does the Applicant have any Subsidiaries requiring coverage?  Yes  No  
 If yes, please complete the Non Profit Subsidiary Addendum (NPSADD).
51. Name and title of individual designated to receive all notices on behalf of the Insured: \_\_\_\_\_  
 Title \_\_\_\_\_ Phone Number: \_\_\_\_\_

52. Directors and Officers Liability Insurance carried:

Insurer	Limits of Liability	Premium	Retention	Policy Period
_____	_____	_____	_____	_____

53. Does the organization currently carry General Liability Insurance?  Yes  No

54. Please provide the following financial information for the last three (3) years. (If organization in existence less than 3 years please provide Budgeted Revenue/Expense statement for next 3 years.)

Year	Total Revenues	Net Income (Loss)	Current Fund Balance*
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

\* Fund balance = Total Assets - Total Liabilities

55. Within the last 5 years, has any inquiry, complaint, notice of hearing, claim or suit been made (including, but not limited to, Equal Employment Opportunity Commission, State Human Rights Boards, Municipal, State or Federal Regulatory Authorities), against the Organization, or any person proposed for Insurance in the capacity of Director, Officer, Trustee, Employee or Volunteer of the Organization?  Yes  No  
 (If yes, please forward a completed USLI supplemental claims application.)
56. Is any person proposed for this insurance aware of any fact, circumstance or situation, which may result in a claim against the Organization or any of its Directors, Trustees, Officers, Employees or Volunteers?  Yes  No  
 (If yes, please forward a completed USLI supplemental claims application.)

**Virginia Notice:** You have an option to purchase a separate Limit of Liability for the extension period, policy common conditions I. If you do not elect this option, the Limit of Liability for the extension period shall be part of and not in addition to the limit specified in the declarations. Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

**Minnesota Notice:** The clause "and/or authorization or agreement to bind the insurance" is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

**Colorado Fraud Statement:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**District of Columbia Fraud Statement: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Florida Fraud Statement:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Kentucky Fraud Statement:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**Maine Fraud Statement:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**New Jersey Fraud Statement:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New York Fraud Statement:** 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 also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Ohio Fraud Statement:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Oklahoma Fraud Statement: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Pennsylvania Fraud Statement:** 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 subjects such person to criminal and civil penalties.

**Tennessee and Virginia Fraud Statement:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Fraud Statement (All Other States):** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**New York Disclosure Notice:** This policy is written on a claims made basis and shall provide no coverage for claims arising out of incidents, occurrences or alleged wrongful acts that took place prior to the retroactive date, if any, stated on the declarations. This policy shall cover only those claims made against an insured while the policy remains in effect and all coverage under the policy ceases upon termination of the policy except for the automatic extended reporting period coverage unless the insured purchases additional extend reporting period coverage. The policy includes an automatic 60 day extended claims reporting period following the termination of this policy. The Insured may purchase for an additional premium an additional extended reporting period of 12 months, 24 months or 36 months following the termination of this policy. Potential coverage gaps may arise upon the expiration for this extended reporting period. During the first several years of a claims-made relationship, claims-made rates are comparatively lower than occurrence rates. The insured can expect substantial annual premium increases independent overall rate increases until the claims-made relationship has matured.

Applicant's Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
(President, Chairperson, Executive Director or Pastor)

If the primary address of the location listed in item #1 is in the state of **New York, Iowa, or Florida**, the states of **New York, Iowa and Florida** require that we have the name and address of your (insured's) authorized Agent or Broker.

Name of authorized Agent or Broker \_\_\_\_\_

Address: \_\_\_\_\_

Agent or Broker License number \_\_\_\_\_

Mail complete application through local Agent or Broker to: \_\_\_\_\_