



## MISCELLANEOUS PROFESSIONAL LIABILITY - CHURCHES SUPPLEMENTAL APPLICATION

<b>1. APPLICANT INFORMATION</b>											
A) NAME (FIRST NAMED INSURED AND OTHER NAMED INSUREDS):											
B) LIST ALL APPLICANT'S WEB SITES:											
<b>2. DESCRIPTION OF OPERATIONS</b>											
A) HOW LONG HAVE YOU BEEN IN BUSINESS (YEARS)? _____	YES										
B) HOW LONG HAS CURRENT MANAGEMENT BEEN IN PLACE (YEARS)? _____	NO										
C) HOW LONG HAS THE CHURCH OPERATED UNDER ITS CURRENT NAME? _____ IF CHURCH NAME HAS BEEN CHANGED, WHAT WAS THE CHURCH NAME IMMEDIATELY PRIOR TO ITS CURRENT NAME? _____											
D) IS YOUR CHURCH CONTROLLED, OWNED, AFFILIATED OR ASSOCIATED WITH ANY OTHER FIRM, CORPORATION OR COMPANY? IF YES, PROVIDE NAME(S) AND RELATIONSHIP(S): _____	<input type="checkbox"/> YES <input type="checkbox"/> NO										
E) DO YOU HAVE ANY OF THE FOLLOWING SUBSIDIARIES/ADDITIONAL EXPOSURES: SCHOOL DAYCARE/AFTER SCHOOL PROGRAM MISSIONS/SHELTERS/HALFWAY HOUSES OTHER (PLEASE EXPLAIN): _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">YES</td><td style="text-align: center;">NO</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO										
<input type="checkbox"/>	<input type="checkbox"/>										
<input type="checkbox"/>	<input type="checkbox"/>										
<input type="checkbox"/>	<input type="checkbox"/>										
<input type="checkbox"/>	<input type="checkbox"/>										
F) DESCRIBE THE PROFESSIONAL SERVICES FOR WHICH COVERAGE IS DESIRED: _____											
G) ARE YOU CURRENTLY LICENSED BY THE STATE AND/OR CERTIFIED TO PERFORM THE PROFESSIONAL SERVICES (INCLUDING HAVING MET CONTINUING EDUCATION REQUIREMENTS TO MAINTAIN AN ACTIVE LICENSE)? IF YES, PROVIDE THE LICENSE AND/OR CERTIFICATE NUMBER AND EXPIRATION DATE: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO										
H) DO YOU NOW OR HAVE YOU IN THE PAST BEEN A MEMBER OF A PROFESSIONAL ASSOCIATION AND/OR SERVED ON THE BOARD OF ANY PROFESSIONAL ASSOCIATION OR COMPANY FOR WHICH YOU APPLY(IED) YOUR PROFESSIONAL SERVICES ON BEHALF OF THE BOARD? IF YES, PROVIDE DETAILS: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO										



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<b>3. PRODUCTS</b>	<b>YES</b>	<b>NO</b>
A) DO YOU (OR OTHERS ON YOUR BEHALF) CURRENTLY MANUFACTURE, PACKAGE OR SELL PRODUCTS UNDER YOUR BUSINESS NAME/LABEL OR DO YOU PLAN TO DO SO DURING THE TERM OF THIS COVERAGE?	<input type="checkbox"/>	<input type="checkbox"/>
IF YES, PLEASE IDENTIFY THOSE PRODUCTS:  _____		

<b>4. RECORDKEEPING, QUALITY CONTROL, CLIENT SERVICES</b>	<b>YES</b>	<b>NO</b>
A) DO YOU ALWAYS REQUIRE A FORMAL WRITTEN CONTRACT BE SIGNED BETWEEN YOU AND YOUR CLIENT BEFORE RENDERING ANY PROFESSIONAL SERVICE?	<input type="checkbox"/>	<input type="checkbox"/>
B) ARE ALL CHANGES DOCUMENTED IN A FULLY EXECUTED ADDENDUM SIGNED BY THE CLIENT?	<input type="checkbox"/>	<input type="checkbox"/>
C) HOW LONG DO YOU RETAIN YOUR RECORDS? _____		
D) DO YOUR RECORDS SHOW TO WHOM [INCLUDING THE DATE AND TYPE OF] EACH SERVICE WAS PERFORMED?	<input type="checkbox"/>	<input type="checkbox"/>
E) ARE PROFESSIONAL SERVICES RENDERED BASED ON OPINIONS/EVALUATIONS GIVEN TO YOU BY OTHERS?	<input type="checkbox"/>	<input type="checkbox"/>
F) DOES YOUR ORGANIZATION CHARGE A FEE FOR COUNSELING SERVICES?	<input type="checkbox"/>	<input type="checkbox"/>
G) DOES YOUR ORGANIZATION UTILIZE CONTRACTED COUNSELING PROVIDERS?	<input type="checkbox"/>	<input type="checkbox"/>
H) ARE CLIENTS REFERRED TO A SPECIALIST WHEN APPROPRIATE?	<input type="checkbox"/>	<input type="checkbox"/>
I) DO YOU HAVE A QUALITY CONTROL PROGRAM? IF YES, IS THE QUALITY CONTROL PROGRAM DETAILED IN WRITING?	<input type="checkbox"/>	<input type="checkbox"/>
J) DO YOU HAVE A PRIVACY PROTECTION PLAN (AND RETAIN A SIGNED ACKNOWLEDGEMENT FROM EACH CUSTOMER) THAT DETAILS YOUR PLAN TO PROTECT THE PRIVATE INFORMATION OF YOUR CUSTOMER?	<input type="checkbox"/>	<input type="checkbox"/>
K) IF YOU USE AN ANSWERING SERVICE, ARE THE OPERATORS TRAINED TO RECOGNIZE URGENT BUSINESS THAT NEEDS IMMEDIATE ACTION (I.E. CLIENT IS SUICIDAL AND NEEDS IMMEDIATE HELP) AND IS THERE A PROTOCOL TO HANDLE SUCH CALLS?	<input type="checkbox"/>	<input type="checkbox"/>

<b>5. PROFESSIONAL QUALIFICATIONS</b>				
A) LIST ALL PROFESSIONAL EMPLOYEES DIRECTLY ENGAGED IN PROVIDING SERVICES TO CLIENTS:				
NAME	PROFESSIONAL DESIGNATION	YEARS EXPERIENCE	LICENSE CURRENT?	
			YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
B) HAVE YOU OR ANY OF YOUR PROFESSIONAL STAFF EVER HAD THEIR LICENSE REVOKED OR SUSPENDED, BEEN FINED OR DISCIPLINED IN ANY WAY, OR BEEN THE SUBJECT OF ANY INVESTIGATION?			<input type="checkbox"/>	<input type="checkbox"/>
C) HOW MANY NON-PROFESSIONAL EMPLOYEES (INCLUDING CLERKS, ADMINISTRATIVE ASSISTANTS, ETC.)? _____				
D) WHAT IS YOUR STAFF TURN-OVER RATIO FOR THE PAST 3 YEARS? _____				
E) DO YOU PERFORM BACKGROUND CHECKS ON EMPLOYEES AND VOLUNTEERS?			<input type="checkbox"/>	<input type="checkbox"/>



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**6. CLAIMS HISTORY – FIVE YEARS OR MORE (LOSS RUNS MUST BE FURNISHED)**

A) TOTAL AGGREGATE LOSSES, INCLUDING DEFENSE COSTS:

POLICY PERIOD	NO. OF CLAIMS	TOTAL AMOUNTS PAID INDEMNITY EXPENSE	AMOUNTS IN RESERVE INDEMNITY EXPENSE	VALUATION DATE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

B) DESCRIBE INDIVIDUAL LOSSES, VALUED \$10,000 OR MORE, INCLUDING DEFENSE COSTS:

\_\_\_\_\_

C) ARE YOU AWARE OF ANY CLAIMS OR ALLEGATIONS OF ABUSE OR MOLESTATION WHICH MAY RESULT IN CLAIMS AGAINST YOU, YOUR BUSINESS, YOUR PROFESSIONAL EMPLOYEES, YOUR PARTNERS, OFFICERS, DIRECTORS, INDEPENDENT CONTRACTORS (PRESENT OR FORMER)?

<b>YES</b>	<b>NO</b>
<input type="checkbox"/>	<input type="checkbox"/>

IF YES, GIVE DETAILS:

\_\_\_\_\_

D) ARE YOU AWARE OF ANY OTHER OCCURRENCES, INCIDENTS, ALLEGATIONS, CONTENTIONS, EFFECTS OR CIRCUMSTANCES WHICH MAY RESULT IN CLAIMS AGAINST YOU, YOUR BUSINESS, YOUR PROFESSIONAL EMPLOYEES, YOUR PARTNERS, OFFICERS, DIRECTORS, INDEPENDENT CONTRACTORS (PRESENT OR FORMER)?

<input type="checkbox"/>	<input type="checkbox"/>
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IF YES, GIVE DETAILS:

\_\_\_\_\_

E) HAS ANY POLICY OR APPLICATION FOR PROFESSIONAL LIABILITY INSURANCE EVER BEEN DECLINED CANCELLED OR RENEWAL REFUSED?

<input type="checkbox"/>	<input type="checkbox"/>
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IF YES, GIVE DETAILS:

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**SIGNATURES ARE REQUIRED. SIGN AT THE END OF THE FRAUD NOTICES SECTION.**

**FRAUD NOTICES:**

***PRIOR TO SIGNING THIS APPLICATION, PLEASE REVIEW THE FOLLOWING STATUTORY FRAUD NOTICES AS THEY MAY APPLY TO THE APPLICANT'S DOMICILE.***

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV**  
 Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO**  
 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.

**Applicable in FL**  
 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).



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<p><b><u>Applicable in KS</u></b>          Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.</p>	
<p><b><u>Applicable in KY, NY, OH and PA</u></b>          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* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.</p>	
<p><b><u>Applicable in ME, TN, VA and WA</u></b>          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 and denial of insurance benefits. *Applies in ME Only.</p>	
<p><b><u>Applicable in NJ</u></b>          Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.</p>	
<p><b><u>Applicable in OK</u></b>          WARNING: 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).</p>	
<p><b><u>Applicable in OR</u></b>          Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.</p>	
<p><b><u>Applicable in Other States:</u></b>          WARNING: 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 may be guilty of insurance fraud, which is a crime, and may be subject to fines and confinement in prison.</p>	
<p><b>THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO THE QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE. HE/SHE CERTIFIES THAT THE APPLICABLE FRAUD NOTICES HEREIN HAVE BEEN READ AND UNDERSTOOD.</b></p>	
<b>Applicant Name (Name of Company)</b>	<b>Producer's Name</b>
<b>Signature of Authorized Representative</b>	<b>Producer's Signature</b>
<b>Print Name</b>	<b>Producer's Phone</b>
<b>Title</b>	<b>Producer's Fax</b>
<b>Date</b>	<b>Producer's Email</b>