



ATEGRITY SPECIALTY INSURANCE COMPANY

CHURCH GENERAL LIABILITY SUPPLEMENTAL APPLICATION

Ategrity Specialty Insurance Company

Home/Administrative Office: 14000 N. Pima Road, Suite 200, Scottsdale, Arizona 85260

Telephone Number: 480.237.2417

Applicant's Name:	Agency Name: Agency Location:
Applicant Mailing Address:	Agent Name:
Applicant Location Address:	Applicant's E-mail Address:
Applicant Website Address:	Applicant's Phone:
PROPOSED EFFECTIVE DATE: FROM _____ TO _____ 12:01 A.M., Standard Time at the address of the applicant	

Applicant is:	<input type="checkbox"/> Individual <input type="checkbox"/> Joint Venture <input type="checkbox"/> Corporation	<input type="checkbox"/> Not for profit organization <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Other (Specify)
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1.	CLASSIFICATION OF RISK
	<input type="checkbox"/> Churches or other houses of worship <input type="checkbox"/> Convents or monasteries

2.	APPLICANT INFORMATION	
a.	Date church established Denomination? Religious Body?	
b.	Type of governing structure: <input type="checkbox"/> Council - Provide number of members <input type="checkbox"/> Executive board - Provide number of members <input type="checkbox"/> Executive director <input type="checkbox"/> Other – describe	
c.	Does applicant have other business ventures for which coverage is not requested? If yes, please describe and provide where insured.	<input type="checkbox"/> Yes <input type="checkbox"/> No
d.	Does applicant engage in the generation of power, other than emergency back-up power, for own use or sale to power companies? If yes, please describe	<input type="checkbox"/> Yes <input type="checkbox"/> No

3.	MEMBERS AND/OR STAFF	
a.	Number of Clergy	
b.	Number of Staff Describe:	
c.	Number of Volunteers	
d.	Size of congregation	
e.	Has the applicant or any of its past or present directors, officers, trustee, committee members, employees, volunteers or others acting on behalf of the applicant ever been accused of or been involved in a lawsuit, claim or criminal charge involving sexual abuse, sexual misconduct or sexual molestation? If yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No

4.	HIRING PRACTICES Check all that apply	
	<input type="checkbox"/> Educational background check	<input type="checkbox"/> Written <input type="checkbox"/> Verbal
	<input type="checkbox"/> Fingerprint check	<input type="checkbox"/> Written <input type="checkbox"/> Verbal
	<input type="checkbox"/> Previous Employer Check	<input type="checkbox"/> Written <input type="checkbox"/> Verbal
	<input type="checkbox"/> Personal References check	<input type="checkbox"/> Written <input type="checkbox"/> Verbal
	<input type="checkbox"/> Written hiring procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No

9.	SEXUAL AND/OR PHYSICAL ABUSE UNDERWRITING	
a.	Does the applicant know of any circumstances that could lead or has led to a claim under sexual misconduct or molestation? If yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
b.	Is there anyone in the applicant's employment who has been formally accused or convicted of a sexual misconduct or molestation? If yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
c.	Are minors ever left alone with only one adult n any program, service, event or other church-sponsored activity? If yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
d.	Are 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 programs, services events or activities followed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

6.	CHURCH OPERATIONS/EXPOSURES	
a.	Is there a physical House of Worship? If yes: Square feet Maximum Occupancy Life safety equipment (ie sprinkler, alarm, lighted exit signs)	<input type="checkbox"/> Yes <input type="checkbox"/> No
b.	Is there a church office? If yes: Square feet	<input type="checkbox"/> Yes <input type="checkbox"/> No
c.	Is there a Mikveh/Baptismal? If yes, describe: Is there a charge for its use? If yes, annual sales:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
d.	Does applicant broadcast services and or events? Check all that apply and provide frequency: <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Online</div><div>Frequency:</div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Radio</div><div>Frequency:</div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> TV</div><div>Frequency:</div></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No
e.	Does applicant offer virtual services? If yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
f.	Does applicant offer child care during services? If yes, who is providing care <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Staff</div><div><input type="checkbox"/> Subcontracted Service</div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Volunteers</div><div>Are Certificates of insurance required?</div></div> Are minors ever left alone in the care of a single adult?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
g.	Does applicant own, lease or otherwise provide a parsonage? Square feet Describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
h.	Does applicant own/operate a youth recreation center? If yes: Area On church premises? If off premises, where? Describe programs:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
i.	Does applicant own/operate a cemetery? Cemetery is <input type="checkbox"/> offsite <input type="checkbox"/> on-site Number of acres:	<input type="checkbox"/> Yes <input type="checkbox"/> No

7.	ADDITIONAL EXPOSURES Check all that apply	
	<input type="checkbox"/> Adult Day Care – Supplemental application required	<input type="checkbox"/> Missionary trips Provide details Trips outside the US are PROHIBITED
	<input type="checkbox"/> Bookstore Location: Sales: \$ Area:	<input type="checkbox"/> Operations outside the territorial US - PROHIBITED
	<input type="checkbox"/> Counseling For Errors and Omissions Coverage attach supplemental application	<input type="checkbox"/> Overnight Camps – SUBMIT Each Camper Day:
	<input type="checkbox"/> Cowboy Church – Supplemental application required	<input type="checkbox"/> Schools- Supplemental Application Required – Refer to appropriate school classification
	<input type="checkbox"/> Day Care - Preschool – Supplemental application required	<input type="checkbox"/> Soup Kitchen/ Meals on Wheels Area: Describe:
	<input type="checkbox"/> Disaster Recovery: <input type="checkbox"/> Construction <input type="checkbox"/> Physical Aid <input type="checkbox"/> Renovation	<input type="checkbox"/> Temporary Location Describe:
	<input type="checkbox"/> Food Bank – Area Location:	<input type="checkbox"/> Thrift Store Sales: Types of Goods Sold: Location:
	<input type="checkbox"/> Gym or Fitness Classes Provided by: <input type="checkbox"/> Staff - <input type="checkbox"/> Subcontractor <input type="checkbox"/> volunteer If Subcontractor, is certificate of insurance obtained? <input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> Transportation of members/youth – REQUIRED - Commercial Auto policy in force <input type="checkbox"/>
	<input type="checkbox"/> Headquarters Describe:	<input type="checkbox"/> Vacation Bible Study – Describe, ages of participants, hours and dates of operation.
	<input type="checkbox"/> Homeless Shelter – Area Location: Attach supplemental application	
	<input type="checkbox"/> Job training Average daily attendance: Describe training:	<input type="checkbox"/> Other Describe:

5.	PREMISES POOLS AND PLAY EQUIPMENT	
	Is there a pool on premises? CHECK ALL THAT APPLY <input type="checkbox"/> Above ground <input type="checkbox"/> In-ground <input type="checkbox"/> Fenced with self-latching gate <input type="checkbox"/> Slides or diving boards <input type="checkbox"/> Wading pool less than 24 inches <input type="checkbox"/> Life-safety equipment at poolside <input type="checkbox"/> Swimming pools, and wading pools are in compliance with the federal Virginia Graeme Baker Pool and Spa Safety Act.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Play equipment and facilities (check all that apply) <input type="checkbox"/> Bodies of water on premises (ponds, streams, lakes, rivers) If yes, describe: <input type="checkbox"/> Play area fully fenced <input type="checkbox"/> Slacklining <input type="checkbox"/> Slides if yes, height <input type="checkbox"/> Swings <input type="checkbox"/> Trampoline PROHIBITED EXCEPT MINI-TRAMP <input type="checkbox"/> Other equipment, please describe	

8.	SPECIAL EVENTS AND AMUSEMENT DEVICES	
	Check all that apply	
	<input type="checkbox"/> Easter Describe:	<input type="checkbox"/> Use of bounce house PROHIBITED if owned, operated, or supervised by applicant
	<input type="checkbox"/> Christmas <input type="checkbox"/> Live Nativity Animals? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe other events:	<input type="checkbox"/> Use of other inflatables PROHIBITED if owned, operated, or supervised by applicant Describe:
	<input type="checkbox"/> Halloween Events Describe: <input type="checkbox"/> Haunted House - Requires Special Event Application	<input type="checkbox"/> Use of climbing wall PROHIBITED IN TEXAS
	<input type="checkbox"/> Fireworks SUBMIT	<input type="checkbox"/> Use of Mechanical Rides - SUBMIT
	<input type="checkbox"/> Fairs and/or Carnivals Are all vendors required to provide certificates of insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe activities:	<input type="checkbox"/> Use of Aerial Rides - PROHIBITED <input type="checkbox"/> Use of Trampoline – PROHIBITED except for mini-tramp

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files 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 applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO COLORADO APPLICANTS: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO KANSAS APPLICANTS: 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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO LOUISIANA APPLICANTS: 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.

NOTICE TO MAINE APPLICANTS: 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.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.



NOTICE TO OHIO APPLICANTS: 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.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO RHODE ISLAND APPLICANTS: 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.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): 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.

NEW YORK FRAUD WARNING: 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.

APPLICANT'S STATEMENT:

I/We hereby declare that the above statements and particulars are true and I/We agree that this application shall be the basis of the contract with the insurance company.

APPLICANT NAME:	APPLICANT TITLE:
APPLICANT'S SIGNATURE _____ (must be signed by an active owner, partner or executive officer)	DATE:
PRODUCER'S SIGNATURE: _____	DATE:

IMPORTANT NOTICE

As part of the underwriting procedure, a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.