Complete with CWCO-SUP-CORE and CWCO-SUP-ABUSE — abuse & molestation screening is required for every religious organization submission. Attach CWCO-SUP-DAY if the organization operates chi

NAME OF ORGANIZATION	DENOMINATION / AFFILIATION	TAX-EXEMPT STATUS (IRS)?

LOCATION ADDRESS	MAILING ADDRESS	WEBSITE

EFFECTIVE DATE REQUESTED	WHO HIRES / APPOINTS CLERGY?	SANCTUARY CAPACITY

Coverage requested:

- ☐ General liability
- ☐ Property
- ☐ Non-profit D&O
- ☐ Pastoral professional liability
- ☐ Hired & non-owned auto
- ☐ Abuse & molestation

A ORGANIZATION PROFILE

TOTAL NUMBER OF MEMBERS	CURRENT YEAR	PRIOR YEAR	MAXIMUM WEEKLY ATTENDANCE	AVERAGE WEEKLY ATTENDANCE

ANNUAL REVENUE ($)	FUND BALANCE — TOTAL ASSETS MINUS LIABILITIES ($)	IN EXISTENCE SINCE

FULL-TIME EMPLOYEES	PART-TIME EMPLOYEES	VOLUNTEERS	SEASONAL

A1 Does the organization perform any operations located outside the United States? ☐ Yes ☐ No
IF YES, EXPLAIN

A2 Has the organization been cancelled or non-renewed for any insurance in the past three years? ☐ Yes ☐ No
IF YES, EXPLAIN

B FACILITY & PREMISES

BUILDING #	TOTAL SQUARE FEET	SQ FT USED FOR CHURCH OPERATIONS	BUILDING INTEREST (OWNER/TENANT)

PROPERTY LIMITS — BUILDING(S) ($)	PROPERTY LIMITS — CONTENTS ($)	IS THIS A SEASONAL OPERATION?

B1 Does the organization have any residential facilities for clergy only? ☐ Yes ☐ No
IF YES, EXPLAIN

If yes to B1, state the square footage in the explanation field.

B2 Does the organization lease space to others? ☐ Yes ☐ No
IF YES, EXPLAIN

If yes to B2, state the number of apartment units and mercantile square footage, and describe the mercantile operations, in the explanation field.

B3 Does the organization require commercial tenants to carry general liability insurance naming the organization as additional insured? ☐ Yes ☐ No
IF YES, EXPLAIN

B4 Is any construction of new buildings or alteration to existing structures anticipated? ☐ Yes ☐ No
IF YES, EXPLAIN

B5 Are any buildings currently damaged by fire or otherwise, or partially constructed? ☐ Yes ☐ No
IF YES, EXPLAIN

B6 Are any locations mobile homes? ☐ Yes ☐ No

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DESCRIBE AND PROVIDE THE VALUE OF ANY RELIGIOUS ARTIFACTS OR ARTWORK, INCLUDING STAINED GLASS, LOCATED INSIDE OR OUTSIDE THE PREMISES (INCLUDE APPRAISALS FOR ITEMS OVER $5,000)

C BUILDING SYSTEMS & LIFE SAFETY

C1 Does the organization have functioning smoke and/or heat detectors in all public areas and units? ☐ Yes ☐ No

C2 Are all exit signs illuminated, and are there two or more means of egress? ☐ Yes ☐ No

IF YES, EXPLAIN

C3 Are functioning fire extinguishers readily available? ☐ Yes ☐ No

C4 Does any building have aluminum wiring (including partial) or knob-and-tube wiring? ☐ Yes ☐ No

IF YES, EXPLAIN

C5 Is 100% of the electrical wiring on functioning circuit breakers? ☐ Yes ☐ No

C6 Are there any wood-burning stoves, space heaters, or temporary heating devices? ☐ Yes ☐ No

IF YES, EXPLAIN

If special cause of loss is requested for the building, confirm:

☐ Plumbing is completely copper or PVC
☐ Electrical system is less than 35 years old
☐ Roof replaced/recoated within code-required
☐ Not applicable — special cause of loss not r

D PROGRAMS & MINISTRIES

Check every program the organization operates. Several checked items trigger a separate CW&Co supplemental.

Services and programs (check all that apply):

☐ School (K-12) — attach CWCO-SUP-SCH
☐ Childcare / preschool — attach CWCO-SUP-DAY
☐ Youth / recreation center
☐ Overnight camp
☐ Missionary trips
☐ Adult daycare
☐ Soup kitchen
☐ Pool
☐ Medical ministry
☐ Job training
☐ Shelter operation
☐ Fair or festival
☐ Rooming house
☐ Cemetery
☐ Thrift store
☐ Food bank
☐ Other (describe below)
☐

PROVIDE DETAILS OF EVERY PROGRAM CHECKED ABOVE

D1 Is the organization involved with disaster recovery relief, construction/renovation, home building, gym operations, adult daycare, or prison ministry? ☐ Yes ☐ No

IF YES, EXPLAIN

D2 Does the organization participate in, organize, or sponsor events including fireworks, firearms, hunting, water hazards, overnight camps, bonfires, haunted attractions, hayrides, or air shows? ☐ Yes ☐ No

IF YES, EXPLAIN

If any high-hazard event is checked, attach CWCO-SUP-EVENT for that event.

D3 Are there child-sitting or nursery operations during services? ☐ Yes ☐ No

IF YES, EXPLAIN

If yes to D3, confirm in the explanation field whether a sign-in/sign-out procedure is used.

E ABUSE & MOLESTATION SCREENING

Full underwriting is captured on CWCO-SUP-ABUSE. These questions confirm baseline controls.

E1 Has the organization, or any past or present director, officer, trustee, committee member, employee, volunteer, or person acting on its behalf, ever been accused of or involved in a lawsuit, claim, or criminal charge involving sexual abuse, misconduct or molestation? ☐ Yes ☐ No

IF YES, EXPLAIN

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E2 Does the hiring process for employees and volunteers include questions about prior convictions or involvement in sexual abuse, molestation, or misconduct matters? ☐ Yes ☐ No
IF YES, EXPLAIN

E3 Are prior employment and personal references required and verified for every prospective employee? ☐ Yes ☐ No
IF YES, EXPLAIN

E4 Except for bona fide counseling sessions, are minors ever left alone with only one adult in any organization-sponsored program or activity? ☐ Yes ☐ No
IF YES, EXPLAIN

E5 Are there written policies and procedures for the proper supervision of employees and volunteers in direct contact with minors, both on-site and off-site? ☐ Yes ☐ No
IF YES, EXPLAIN

F PASTORAL & PROFESSIONAL LIABILITY

Pastoral professional liability limit (cannot exceed GL limit):

☐ $100,000 ☐ $300,000 ☐ $500,000 ☐ $1,000,000

F1 Does the organization have more than five pastors or clergy on staff? ☐ Yes ☐ No
IF YES, EXPLAIN

F2 Does the organization offer counseling services for a fee? ☐ Yes ☐ No
IF YES, EXPLAIN

F3 Does the organization utilize contracted counseling providers? ☐ Yes ☐ No
IF YES, EXPLAIN

If yes to F3, confirm in the explanation field whether contracted counselors carry their own professional liability insurance.

F4 Are members referred to specialists when appropriate, and are confidentiality procedures in place? ☐ Yes ☐ No

F5 Have there been any prior allegations, claims or suits arising from counseling services? ☐ Yes ☐ No
IF YES, EXPLAIN

F6 Have all clergy completed a degree at an accredited theological seminary? ☐ Yes ☐ No
IF YES, EXPLAIN

G HIRED & NON-OWNED AUTO

Complete only if this coverage is desired. The limit will equal the general liability occurrence limit.

G1 Does the organization have a business auto policy in force, or own or lease vehicles long-term? ☐ Yes ☐ No
IF YES, EXPLAIN

If yes to G1, attach CWCO-SUP-AUTO for the complete vehicle and driver schedule.

G2 Does the organization regularly transport people or deliver goods? ☐ Yes ☐ No
IF YES, EXPLAIN

G3 Does the organization require employees to use personal automobiles for organization business on a regular basis? ☐ Yes ☐ No
IF YES, EXPLAIN

If yes to G2 or G3 and no commercial auto policy is in force, attach CWCO-SUP-HNOA.

H GOVERNANCE, D&O & EMPLOYMENT PRACTICES

H1 Does the organization engage in disciplinary action as a result of peer review activities? ☐ Yes ☐ No
IF YES, EXPLAIN

H2 Does the organization administer or sponsor any insurance programs, or engage in accreditation/standard-setting activities? ☐ Yes ☐ No
IF YES, EXPLAIN

H3 Does the organization have any subsidiaries requiring coverage? ☐ Yes ☐ No
IF YES, EXPLAIN

D&O INSURER (IF CURRENTLY CARRIED)	D&O LIMITS ($)	D&O PREMIUM ($)	D&O RETENTION ($)

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H4 Has any officer or board member of the organization ever been convicted of the felony of arson? ☐ Yes ☐ No
IF YES, EXPLAIN

H5 Has the organization had any bankruptcies, tax liens, or credit liens in the past five years? ☐ Yes ☐ No
IF YES, EXPLAIN

H6 Within the last five years, has any inquiry, complaint, notice of hearing, claim or suit been made against the organization or any director, officer, trustee, employee or volunteer (including EEOC, state human rights, or regulatory authority actions)? ☐ Yes ☐ No
IF YES, EXPLAIN

H7 Is any person proposed for this insurance aware of any fact, circumstance or situation which may result in a claim against the organization or its directors, trustees, officers, employees or volunteers? ☐ Yes ☐ No
IF YES, EXPLAIN

I LOSS HISTORY

Attach currently-valued loss runs for the last 5 years.

POLICY TERM	CARRIER	LINE OF COVERAGE	ANNUAL PREMIUM	# CLAIMS	TOTAL INCURRED

NARRATIVE FOR EACH LOSS OVER $25,000 — CAUSE, CORRECTIVE ACTION TAKEN, AND CURRENT STATUS

J ADDITIONAL INFORMATION

ANYTHING ELSE AN UNDERWRITER SHOULD KNOW — HISTORIC BUILDING STATUS, COMMUNITY PROGRAMS, OR PLANNED CHANGES

K REPRESENTATIONS & SIGNATURE

The undersigned declares that the statements and answers given in this supplemental are true, complete and correct to the best of their knowledge, and that no material fact has been withheld or misstated. The applicant agrees that this supplemental, together with all ACORD applications and attachments, forms the basis of any submission to insurers and may be relied upon by them. Signing this supplemental does not bind coverage. This application must be signed by the President, Chairperson of the Board, Managing Member, or Executive Director.

FRAUD NOTICE: 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 and subjects such person to criminal and civil penalties. (State-specific fraud warnings apply; see state amendatory notice.)

APPLICANT / AUTHORIZED SIGNATURE (TYPE FULL NAME) | **TITLE** | **DATE**

PRODUCER — CORY WASHINGTON & CO. LLC | **PRODUCER SIGNATURE (TYPE FULL NAME)** | **DATE**

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