

Insurance Plan for Churches and Christian Charities

APPLICATION

Legal Name of Organization _____

Mailing Address _____

Location Address _____ Website _____

Additional Locations: Address _____ Occupancy _____

Address _____ Occupancy _____

Address _____ Occupancy _____

Mortgagees (if any) _____

Contact person _____ Telephone Numbers () _____ () _____

Title _____ E-mail Address _____

Brief description of operations and activities _____

Number of: Members _____ Adherents _____ Volunteers _____ Employees - Full-time _____ Part-time _____

Years in operation _____ Registered Charitable Number with Canada Revenue Agency # _____

Has your charitable status ever been revoked, suspended or cancelled? Yes No If yes, why: _____

Are you incorporated? Yes No If yes, is your incorporation? Provincial Federal

Denominational affiliation, if applicable. _____

Membership with Canadian Centre for Christian Charities (CCCC) Accredited Member Affiliate Member

PLEASE RETURN BY FAX, MAIL OR EMAIL

Existing Insurance Company _____ Expiry Date _____

Describe claims and payouts in the past 5 years _____

EXISTING COVERAGES AND LIMITS
(or attach a copy of the coverage declaration pages of your current policy)

PROPERTY AND CRIME	Limits	LIABILITY	Limits
Building	\$	General Liability	Per Occurrence \$
Contents	\$		Aggregate \$
Boiler and Machinery	\$	Medical Payments Rider	\$
Stained Glass	\$	Non-Owned Automobile Liability	\$
Exterior Signs and Lighting	\$	Employers Liability	\$
Property Floater _____	\$	Tenants Legal Liability	\$
Extra Expense	\$	Counselling Liability	\$
Theft of Money / Dishonesty	\$	Directors and Officers Liability	\$
Parsonage <input type="checkbox"/> Minister Occupied <input type="checkbox"/> Rented <input type="checkbox"/> Other - Describe: _____	\$	Professional Liability	\$
		Umbrella Liability	\$
		Cyber / Data Breach Liability	\$
Leasehold Improvements and Betterments	\$	Other _____	\$
Other _____	\$	Other _____	\$

Continued...

Liability Questionnaire

Primary Operations

- Church
- Private School
- Community Drop-In
- Counselling Centre
- Evangelistic Ministry
- Camp / Retreat Centre*
- Day Care / Nursery / Preschool
- Bible College / Seminary
- Youth Organization
- Pregnancy Support Centre
- Media Ministry
- Denominational Office

**If checked, a separate Camp Questionnaire is required*

- Mission, Relief, Development or Child Sponsorship
- Other - Please specify: _____

Annual Revenue \$ _____

Sources of Revenue: _____

Annual Payroll \$ _____

Number of Employees: Full Time: _____ Part time: _____

Other Activities / Programs / Occupancy

- Food Bank
- Thrift / Free Store
- Day Camp / VBS
- In From Cold
- Short-term Missions (refer to Operations Outside Canada)
- Soup Kitchen
- Meals on Wheels
- Overnight Camp
- Transitional / Emergency Housing

Vacant land
Size in acres: _____
Address: _____

Cemetery
Address: _____
Number of Plots: _____ Active internments: Yes No
Number of open plots: _____

Owned or rented Inflatables / Bouncy Castles Yes No
If yes, number: _____ Type: _____
Inspected by TSSA: _____ (Ontario only)

Fireworks / Pyrotechnical Displays: Yes No
If yes, how many each year: _____
 On-premises Off-premises _____
Maximum number of attendees: _____
Do you use licensed Fireworks Operators? Yes No

Sports or recreational programs on or off-premises including but not limited to playgrounds, climbing walls, gymnastics, fitness, walkathons, bikeathons, soap box derby, dunk tanks, sports teams or leagues, rafting, water-skiing or skateboarding
 Yes No If yes, please describe: _____

Facility Rentals

Do you allow rental or use of your building(s) or premises by outside groups or individuals, or for personal events?
 Yes No If yes, please describe: _____

Annual number of rentals _____ Annual Revenue \$ _____

Do you allow use of your? Kitchen Gym Auditorium
Do you require proof of liability insurance for renters, outside user groups and private use of your premises? Yes No

Operations Outside Canada

Does your organization sponsor short-term missions trips outside of Canada? Yes* No

**If yes, an approved Worldwide Liability Application is required*

If yes, please advise the following:
How many trips annually _____
Maximum number of persons _____
Destination(s) _____
Any minors (under 18) Yes No If yes, how many: _____
Type of activities?
 Evangelical Teaching Medical Construction
 Other - Please specify: _____

Counselling Activities

Counselling Services Offered? Yes No
If yes, by whom: Specified Counsellors or Ministers
 Staff Members Volunteers
Any fees charged? Full Partial None
Annual Receipts from Counselling Services \$ _____

Abuse Prevention*

Does your organization conduct children's / youth programs?
 Yes No If yes, how many participants in total? _____
Do you have formal written policies and screening for the prevention of physical, sexual or emotional abuse? Yes No
If yes: Plan to Protect Other _____
Have allegations of abuse ever been made against your organization, leaders or workers? Yes No
If yes, please describe: _____

**An approved Abuse Prevention Declaration Form is required for coverage*

Continued...

Property Questionnaire

Please complete one (1) form per building

LOCATION ADDRESS: _____

Owned Condominium Rented Other _____

Occupied as: _____

BUILDING SIZE	SQUARE FOOTAGE	CEILING HEIGHT
Main Floor		
Open Balcony		
Second Floor		
Basement*		
Total Building		
*If any Basement: Square Footage finished _____		

BUILDING AGE	YEAR	% OF BUILDING SIZE OR SQUARE FOOTAGE
Original Building		
Addition		
Addition		

EXTERIOR WALL CONSTRUCTION	
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> Brick or Stone Veneer
<input type="checkbox"/> Solid Masonry	<input type="checkbox"/> E.I.F.S.
<input type="checkbox"/> Fire Resistive	<input type="checkbox"/> Other:

ROOF CONSTRUCTION
Roof Shape: <input type="checkbox"/> Flat <input type="checkbox"/> Pitched
Roof Deck: <input type="checkbox"/> Wood Truss <input type="checkbox"/> Steel Deck <input type="checkbox"/> Concrete <input type="checkbox"/> Other
Roof Covering:
<input type="checkbox"/> Asphalt Shingle
<input type="checkbox"/> Cedar Shake / Cedar Shingle
<input type="checkbox"/> Steel Clad
<input type="checkbox"/> Tar and Gravel
<input type="checkbox"/> Membrane (e.g. Thermoplastic, Rubber, Modified Bitument, etc)
<input type="checkbox"/> Slate / Stone
<input type="checkbox"/> Other

FLOOR CONSTRUCTION		
Basement	Grade Floor	Second Floor
<input type="checkbox"/> Wood Joist	<input type="checkbox"/> Wood Joist	<input type="checkbox"/> Wood Joist
<input type="checkbox"/> Concrete	<input type="checkbox"/> Concrete	<input type="checkbox"/> Concrete
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
_____	_____	_____

HEATING SOURCE	PRIMARY	SUPPLEMENTARY
Forced Air Gas	<input type="checkbox"/>	<input type="checkbox"/>
Heat Pump(s)	<input type="checkbox"/>	<input type="checkbox"/>
Hot Water / Boiler	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Gas <input type="checkbox"/> Oil* If yes, operating pressure _____ psi		
Electric Baseboard	<input type="checkbox"/>	<input type="checkbox"/>
Geothermal / Radiant	<input type="checkbox"/>	<input type="checkbox"/>
Solar / Radiant	<input type="checkbox"/>	<input type="checkbox"/>
Wood or Pellet Stove**	<input type="checkbox"/>	<input type="checkbox"/>
Other (describe):	<input type="checkbox"/>	<input type="checkbox"/>

* If indoor or outdoor tanks, a Fuel Oil Storage Tank Questionnaire is required.

** If any Wood Stove, Fireplace, Insert or Pellet Stove, has it been installed or inspected by a certified W.E.T.T. Inspector? Yes No

REPLACED	YEAR	DESCRIPTION
Electrical Wiring		
Electrical Panel(s)		
Roof Deck		
Roof Covering		
Furnace / Boiler		
Plumbing		
Hot Water Heater(s)		

SPECIAL FEATURES	VALUE
Bell Tower / Chimes	\$
Built-in Organ	\$
Pipe Organ (per qualified appraisal)	\$
Stained Glass <input type="checkbox"/> Exterior <input type="checkbox"/> Interior (per qualified appraisal)	\$
Elevator / Chair Lift	\$
Central Air Conditioning	\$
Outdoor Lighting / Light Standards	\$
Outdoor Signs: # _____	\$
Carport / Canopy	\$
Portable Classroom(s): # _____	\$
Garage: <input type="checkbox"/> Attached <input type="checkbox"/> Detached Size: _____ sq. ft.	\$
Detached Shed(s) or Garage(s): # _____	\$
Solar Panels	\$
Other (describe):	\$

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FIRE PROTECTION	
Within 150 metres of a municipal / public Fire Hydrant	<input type="checkbox"/>
Within 8 kms from the nearest Fire Hall	<input type="checkbox"/>
Unprotected (e.g. beyond 8 kms from the nearest Fire Hall)	<input type="checkbox"/>
Private Fire Hydrant(s) on premises. If yes, # _____	<input type="checkbox"/>
Superior Tanker Shuttle Service	<input type="checkbox"/>
Fire Sprinkler System <input type="checkbox"/> Partial <input type="checkbox"/> Full	<input type="checkbox"/>
Fire Alarm System <input type="checkbox"/> Centrally Monitored	<input type="checkbox"/>

SECURITY PROTECTION	
Local Burglar Alarm	<input type="checkbox"/> Yes <input type="checkbox"/> No
Monitored Burglar Alarm If yes, <input type="checkbox"/> 24 Hour Monitored <input type="checkbox"/> ULC Listed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Video Surveillance System	<input type="checkbox"/> Yes <input type="checkbox"/> No
Full Perimeter Protection	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dedicated IP or Cellular for Monitoring	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cellular Backup	<input type="checkbox"/> Yes <input type="checkbox"/> No
Monitored Fire Alarm If yes, provide details: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Building Locked Describe Lock Type: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all exterior doors secured when access to the building can not be monitored	<input type="checkbox"/> Yes <input type="checkbox"/> No

WATER DAMAGE MAINTENANCE	
Provide the last year updates were completed or original year installed for the following:	
ROOF: <input type="checkbox"/> Asphalt Shingles <input type="checkbox"/> Tar & Gravel <input type="checkbox"/> Metal <input type="checkbox"/> Other: _____ Year _____ <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Unknown	
PLUMBING: <input type="checkbox"/> Copper <input type="checkbox"/> PVC/ABS <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> Kitec <input type="checkbox"/> PEX Year _____ <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Unknown	
BASEMENT: <input type="checkbox"/> Unfinished <input type="checkbox"/> Finished - % _____ <input type="checkbox"/> N/A Year _____ <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Unknown	
List the age of Hot Water Heater(s) if applicable _____ yrs	
Has any water seepage occurred in your building? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? <input type="checkbox"/> Window <input type="checkbox"/> Roof <input type="checkbox"/> Basement/Lower Level <input type="checkbox"/> Other: _____	
Has leak been repaired? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____	
Does your building have a sump pit(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is your building on a septic system? <input type="checkbox"/> Yes <input type="checkbox"/> No	

WATER DAMAGE PROTECTION	
Does your building have a Sump Pump with Check Valve? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Was it Professionally Installed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Date Installed? _____	
Does Sump Pump have a backup? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is it: <input type="checkbox"/> Generator <input type="checkbox"/> Battery <input type="checkbox"/> Water Pressure <input type="checkbox"/> 2nd Pump	
Does your Sump Pump have an alarm? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, it is tied into a central monitoring service? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your building have in-drain Backflow Valves? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Is a Backflow Valve installed on the main/lateral sewer line? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Does your building have? <input type="checkbox"/> Monitored Flood Alarms on Sump Pump and Water Heater(s) <input type="checkbox"/> Automatic Shut-Off Valve with water sensor	

WATER DAMAGE PREVENTION	
Does your building have:	
Downspouts connected to weeping tiles are disconnected and drain out onto the ground	<input type="checkbox"/> Yes <input type="checkbox"/> No
Downspouts are extended more than 6 feet (1.8m) away from the building	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lawn and landscaping are graded to drain water away from all exterior walls	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sump pump discharge pipe extends more than 6 feet (1.8m) away from your building underground	<input type="checkbox"/> Yes <input type="checkbox"/> No
Installed a tankless water heater	<input type="checkbox"/> Yes <input type="checkbox"/> No
Steel braided hoses connected to all appliances	<input type="checkbox"/> Yes <input type="checkbox"/> No
An Ice and Water Shield (i.e. Ice Guard) under our roof shingles along eave edges and valleys to form a waterproof barrier	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sufficient insulation between ceiling floor joists to prevent warm air escaping into our unfinished under-roof attic space	<input type="checkbox"/> Yes <input type="checkbox"/> No
Exterior roof, soffit and gable vents to allow warm air to escape	<input type="checkbox"/> Yes <input type="checkbox"/> No

DECLARATION AND CONSENT	
I/we hereby declare that the information provided in this application is accurate and complete, upon which the proposed insurers are relying to confirm eligibility for coverage and to provide a quote for insurance. I/we consent to Robertson Hall Insurance Inc. and its participating insurers and underwriting agencies to use this information, and to gather all pertinent additional information, for the above purposes.	
NAME OF AUTHORIZED PERSON	TITLE
SIGNATURE OF AUTHORIZED PERSON	DATE