



# Places of Worship Supplemental Application

## APPLICANT INFORMATION

NAMED INSURED \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

FEIN \_\_\_\_\_

WEB ADDRESS \_\_\_\_\_

## UNDERWRITING INFORMATION

1. When was the church founded? \_\_\_\_\_

2. Physical characteristics:

a. Age of building ..... \_\_\_\_\_

b. If more than 25 years old, year of update on:

wiring ..... 19\_\_\_\_

heating ..... 19\_\_\_\_

plumbing ..... 19\_\_\_\_

roof ..... 19\_\_\_\_

3. Is the steeple (if any) protected by an approved lightning system? .....  Yes  No

4. Is the facility open 24 hours? .....  Yes  No

5. Describe the security system:  
\_\_\_\_\_

6. Describe any cooking facilities:  
\_\_\_\_\_

a. How frequently are the cooking facilities used?  
\_\_\_\_\_

b. What are the age and condition of the appliances?  
\_\_\_\_\_

7. Handrails on steps? .....  Yes  No

8. Does the church have any of the following exposures:

a. Camps (including day camps)? .....  Yes  No

b. Church school? .....  Yes  No

c. Summer bible school? .....  Yes  No

d. Day care center on premises? .....  Yes  No

e. Owned or leased vans or buses? .....  Yes  No

f. Hot lunch program for elderly? .....  Yes  No

g. Church-sponsored athletic teams? .....  Yes  No

h. Playground equipment? .....  Yes  No

i. Gymnasium .....  Yes  No

Explain any yes answers:  
\_\_\_\_\_  
\_\_\_\_\_

9. a. Does the church lease or rent the premises to others? .....  Yes  No

b. Any alcohol or drug abuse counseling done? .....  Yes  No

c. Any group therapy sessions? .....  Yes  No

Explain any Yes answers:  
\_\_\_\_\_  
\_\_\_\_\_

10. Comments: Include any additional information regarding church activities that may assist us in evaluating the applicant. Attach separate piece of paper, if necessary.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. List and describe all fundraising activities for last 12 months:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**N.J. Law P.L. 1995, c. 132:** Any Person who includes any false or misleading information on the application for an insurance policy is subject to criminal and civil penalties. The information in this application is correct to the best of my knowledge and belief.

**For PA Submissions:**

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. The information in this application is correct to the best of my knowledge and belief.  
not intended to be covered under this policy?

I certify that the information in or attached to this questionnaire is true, complete and correct based on business records and my personal knowledge. I grant United Fire Group authorization to order a credit report on my business and/or me.

_____		_____	
Owner or Officer's Name		Agent's Name	
_____		_____	
Title		Agent's Signature	Date
_____		_____	
Owner or Officer's Signature	Date	Expiring Policy Number, If Applicable	