



[Faith Organization Application]

PLACES OF WORSHIP APPLICATION



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PLACES OF WORSHIP APPLICATION

Please answer the following questions on behalf of your organization.

PART 1 GENERAL INFORMATION

Name of Broker & Producer : _____

Full Name of Place of Worship: _____

Risk Location Address: _____ Postal Code: _____

Mailing Address of Risk (if different from above): _____ Postal Code: _____

Name & Mailing Address of Mortgagee / Loss Payee: _____ Postal Code: _____

Website Address: _____

Effective Date: _____

Contact Name (& title): _____ Telephone: _____

E-Mail address of Contact person: _____

PART 2 COVERAGE REQUIREMENTS-PROPERTY/RELIGIOUS INCOME/LIABILITY

Please indicate product selected FAITH PROTECT PLUS FAITH PROTECT

Please refer to the product highlight brochure for explanation on loss settlement, coverage highlights and Automatic Extensions of coverage Included in each product.

	Building # 1 (Place of worship)	Building # 2 (Detached Manse)	Building # 3 (Detached Hall)		
Building Limit (Including Tenant's Improvements)	\$	\$	\$		
Building Loss Settlement Basis: -Replacement Cost or Agreed Value: (Functional Replacement Cost or Market Salvage Value)					
Contents Limit (excluding pipe organ, stained glass and religious artifacts)	\$	\$	\$		
Pipe Organ Limit	\$	NOT APPLICABLE	\$		
Stained Glass Limit	\$	\$	\$		
Religious Artifacts Limit	\$	\$	\$		
Personal Contents of Manse Resident(s)	NOT APPLICABLE	\$	NOT APPLICABLE		
Deductible:	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> Other
Flood Coverage ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Earthquake Coverage?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

PART 3 LOSS OF RELIGIOUS INCOME

Coverages	Limits Included in 'Faith Protect Plus'	Higher Limits required? (Insert Limit)	Limits Included in 'Faith Protect'
Loss of Religious Income – Including Rents	\$50,000 inclusive limit	\$	\$10,000
Extra Expense	For basket of business	\$	\$2,500
Professional Fees	Interruption coverages	\$	\$2,500
Expediting Expenses	As hi-lited	\$	\$2,500
Additional Living Expense for Manse Resident	Included in basket	\$	Maximum \$5,000

PART 4 CRIME

Coverages	Limits Included in 'Faith Protect Plus'	Higher Limits required? (Insert Limit)	Limits Included in 'Faith Protect'
Broad Form Money & Securities (Inside)	\$20,000	\$	\$2,500
Broad Form Money & Securities (Outside)	\$20,000	\$	\$2,500
Money Orders & Counterfeit paper Currency	\$20,000	\$	\$2,500
Depositor's Forgery	\$20,000	\$	\$2,500
Employee Dishonesty	\$20,000	\$	\$2,500
Increase in Broad Form Money - Religious Holidays/Special Events	50% of Insured Limit	\$	NIL

PART 5 LIABILITY

Coverages	Limits
Commercial General Liability	\$ (Occurrence/Aggregate)
Tenant's Legal Liability (Broad Form)	\$250,000 limit automatically included Higher Limit required? \$

Please Refer To Product Highlight Brochure For Coverages Which Are Automatically Included

PART 6 PROPERTY RISK INFORMATION – BUILDING #1 (PLEASE COMPLETE SUPPLEMENT(S) FOR ADDITIONAL BUILDINGS)

Building occupied as: _____ Year Built: _____

Number of Storeys: _____ Total Area: _____ sq.m

Is building protected by a Burglary alarm? Yes No

If Yes, is it monitored? Yes No (rings to off site station), or Local (rings only at premises)

Is building protected by a Fire alarm system? Yes No If yes, is it monitored or Local ?

Building Construction (Select one, if mixed, indicate percentage applicable to each type)

Fire Resistive (concrete walls, roof, floors): _____

Non-Combustible (masonry Walls, steel deck roof, concrete floors): _____

Masonry (Masonry walls, wood floors/roof): _____

Brick Veneer (frame walls with brick veneer, wood roof/floors): _____

Frame (walls, roof/floor all of combustible materials): _____

Distance to fire hydrants _____ meters

Is building sprinklered? Yes No

Distance to full-time Firehall _____ kilometers

If yes, what percentage of building is protected? _____ %

Distance to Volunteer Firehall _____ kilometers

Is system monitored ? Yes No

Type of heating system (select one) : Steam Hot Water Forced Air Electric

Other (Describe): _____

Type of secondary heating system, if any: _____



Is Building Historically listed? Yes No

Any cooking on premises? Yes No

If yes, is there a CO2 extinguishing system with a semi-annual maintenance contract in place? Yes No

Does building have Stained Glass windows? Yes No

Is yes, total area _____ sq.m

Does building have wooden pews? Yes No

If yes, type of wood: _____ Number: _____ length: _____

Does building have a Pipe Organ? Yes No

If yes, name of manufacturer: _____

Serial #: _____

Number of stoppers: _____

Is Boiler And Machinery Coverage Required? Yes No (if yes complete below)

Any pressure vessels over 24-inch in diameter? Yes No

If Yes please provide details:

Is food spoilage coverage required? Yes No

If yes, maximum value of contents \$ _____

Any major equipment breakdowns or claims within last 5 years? Yes No

If Yes please provide details:

PART 7 CRIME COVERAGE INFORMATION

Are cheques counter-signed? _____

Yes No

Maximum amount of cash kept on premises at any one time _____

\$ _____

Is cash and other securities kept in a money- safe with a combination lock? _____

Yes No

PART 8 LIABILITY RISK INFORMATION

Please advise the number of people attending your place of worship on a weekly basis in the following categories:

Clergy: _____

Congregation in full: _____

Annual Operating Budget : \$ _____

Do you operate any income generating activities ? (example: wedding receptions; banquets) Yes No

If Yes, please provide full details:

Do you rent out space to community groups? _____

Yes No

If yes, please provide details:

If premises rented to third parties for banquets what are annual revenues generated? \$ _____

Is liquor served? Yes No (If yes, please provide the following information)

a) Is liquor permit obtained by third party? Yes No

b) Who serves liquor? _____

c) Is proof of liquor liability insurance provided? Yes No

d) What type of functions is liquor served at (eg. weddings, banquets etc) ? _____

Day-care or School operated (Other than Sunday school) ? Yes No
If yes, please complete separate supplement

Is there a cemetery? Yes No

Summer Camp? Yes No
If yes, please complete camp supplement

Outreach or overseas missionary programmes? Yes No
If yes, please provide details – on separate sheet if necessary:

Are fees charged for counselling services? Yes No

Do any persons other than ordained religious leaders provide counselling? Yes No
If yes, please provide details:

PART 9 NON-OWNED AUTOMOBILE INFORMATION

Do employees/volunteers regularly use their personal vehicles for religious institution business? Yes No

Are 15 seat passenger vans rented or borrowed? Yes No

If yes, do you confirm that a minimum of \$2 Million third party liability is in force? Yes No

Are buses rented/loaned or chartered? Yes No

If yes, do you confirm that a minimum of \$5 Million third party liability is in force? Yes No

Any U.S.A. exposure? Yes No
If yes, please provide details:

Yes No

Do you check motor vehicle abstracts for people who will be transporting passengers on religious institution trips?

IF YOU REQUIRE QUOTATION(S) FOR UMBRELLA LIABILITY, DIRECTOR'S & OFFICER'S LIABILITY OR ABUSE COVERAGES PLEASE COMPLETE SEPARATE APPLICATIONS

PART 10**PREVIOUS INSURANCE AND CLAIMS EXPERIENCE INFORMATION**

Name of Prior Insurer: _____

Policy Number: _____

Number of Years Insured with Prior Insurer: _____

Expiry date of Policy: _____

Expiry Premium: _____

Has any Insurance Company cancelled or declined to renew an insurance policy for applicant? Yes NoIf yes, please provide details of the circumstances:

_____Please provide information for all claims in the last five years. If no claims, please check:

Date of claim	Description	Amount Paid or reserved
MM DD YYYY		
MM DD YYYY		
MM DD YYYY		

Broker Information – Is this new business to your office ? Yes No***Please attach colour photographs of each building to be insured – one each of front and rear and a copy of the most recent building appraisal if the building is to be insured***

To Be Completed by Applicant

The undersigned authorized officer of the organization declares that, to the best of his/her knowledge, the statements set forth herein are true. Signing of this proposal does not bind the Insurer to offer, nor the applicant to accept insurance, but, it is agreed that this form shall be the basis of the contract should a policy be issued.

Date: _____

Signature of Officer: _____

Position: _____

