

CHURCH NAME _____ GCFA _____

COMMERCIAL PROPERTY COVERAGE PART BUILDING SCHEDULE
Include all premises you own, rent or occupy include vacant property

	Address	City	State	ZIP
1. Building	(1) _____			
Address	(2) _____			
	(3) _____			
	(4) _____			

2. Buildings and Personal Property (Values: 100%)
Total Blanket Limit \$ _____

Location	_____	_____	_____	_____
Occupancy	_____	_____	_____	_____
Building	\$ _____	\$ _____	\$ _____	\$ _____
Personal Property	\$ _____	\$ _____	\$ _____	\$ _____
Construction Type	_____	_____	_____	_____
Year of Construction	_____	_____	_____	_____
Protection Class	_____	_____	_____	_____
County	_____	_____	_____	_____
Historic Register	Yes No	Yes No	Yes No	Yes No
Smoke Detectors	Yes No	Yes No	Yes No	Yes No
Sprinkler System	_____	_____	_____	_____

BUILDING INFORMATION

Total Square Footage	_____	_____	_____	_____
Year of Last Updates:	_____	_____	_____	_____
Roof	_____	_____	_____	_____
Heat	_____	_____	_____	_____
Plumbing	_____	_____	_____	_____
Wiring	_____	_____	_____	_____
Type of Alarm	_____	_____	_____	_____

Number of Kids: Day Care _____ School _____ Camp _____
(For any of the above exposures see the attached supplemental)

Lessors Risk Square Footage _____ Type of Organization _____

Elevator # _____ Type _____ Bldg. # _____

Number of members: _____ Number of Clergy: _____

Inland Marine Amount: _____ (attach schedule)

Total Number of Full Time Employees: _____ Annual Budget: \$ _____

(APPLICANT SIGNATURE)

BY: _____ DATE _____

(Print name and title or position e.g. Pastor or Board Member)

SEXUAL MISCONDUCT LIABILITY

To receive Sexual Misconduct limits of \$1,000,000/\$3,000,000 the following controls must be in place.

1. Are employees and volunteers questioned about whether the individual has ever been convicted of any felony including sex-related and/or child abuse related offenses. **Yes No**
2. Criminal Background checks are conducted for all employees and volunteers involved in activities with underage members of church. **Yes No**
3. There is a new employee and volunteer orientation program that includes training in abuse awareness. **Yes No**
4. The church has a formal written policy that includes procedures designed to prevent acts of sexual misconduct and copies are distributed to all employees and volunteers. **Yes No**

THE APPLICANT ACKNOWLEDGES THAT THE FOREGOING DISCLOSURES AND REPRESENTATIONS ARE DEEMED TO BE MATERIAL, AND THAT PHILADELPHIA INSURANCE IS RELYING UPON THE ACCURACY AND COMPLETENESS OF SAID DISCLOSURES AND REPRESENTATIONS IN REACHING A DECISION TO ISSUE SEXUAL MISCONDUCT LIABILITY COVERAGE TO THE APPLICANT THIS SUPPLEMENTAL APPLICATION IMPOSES AN AFFIRMATIVE DUTY TO MAKE FULL AND FAIR DISCLOSURES UPON THE APPLICANT THE INSURED IS OBLIGATED TO REPORT ANY CHANGES IN ANY OF THE FOREGOING RESPONSES TO THE COMPANY.

(APPLICANT SIGNATURE)

BY: _____ DATE _____

(Print name and title or position e.g. Pastor or Board Member)

DIRECTORS & OFFICERS, EMPLOYMENT PRACTICES LIABILITY

1. What is the total annual budget for the church? \$ _____
2. What are the total number of employees _____
3. As of this date, or the date on which the Applicant first applied for prior similar coverage and has maintained such prior similar coverage continuously in force, no person applying for this coverages is/was aware of any facts or circumstances which he or she has reason to suppose might give rise to a future claim that would fall within the scope of any of the proposed coverages for which the Applicant has applied, except: None ☐, or as noted below

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4. Have any claims, suits, or demands for arbitration that would fall within the scope of the proposed insurance been made against the Applicant, its predecessor(s) or any past or present principal, partner, officer or employee within the past five years? None ☐, or as noted below

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