



P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641 • 800-548-4301 • www.neee.com

# Houses of Worship Application

APPLICANT MAY QUALIFY FOR AN INSTANT QUOTE BY COMPLETING SECTION I BELOW. INSTANT QUOTE IS ONLY AVAILABLE FOR ACCOUNTS WITH NO LOSSES IN THE PAST THREE YEARS.

Coverage(s) Desired:  Property  General liability  Management liability

## I. INSTANT QUOTE INFORMATION

Applicant's name (include DBA name): \_\_\_\_\_

Location address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Website/Social media: \_\_\_\_\_ Year of formation: \_\_\_\_\_ Years at current location: \_\_\_\_\_

Inspection contact name: \_\_\_\_\_ E-mail address: \_\_\_\_\_ Phone: \_\_\_\_\_

How many square feet does the applicant occupy? \_\_\_\_\_ sq. ft.

### Description of operations

### Additional Exposures (Please check all that apply, and provide additional details in the space below)

<input type="checkbox"/> Parsonage Square feet: _____	<input type="checkbox"/> Apartment # of units: _____ Total square feet: _____	<input type="checkbox"/> Rental dwelling # of units: _____	<input type="checkbox"/> Space leased to others Square feet: _____ Occupancy: _____
<input type="checkbox"/> Retreats Annual number: _____	<input type="checkbox"/> Outreach activities Provide details below	<input type="checkbox"/> Food bank Square feet: _____	<input type="checkbox"/> Thrift store Annual Sales: _____
<input type="checkbox"/> Soup kitchen # Meals of served annually: _____	<input type="checkbox"/> Shelter Square feet: _____	<input type="checkbox"/> Cemetery Total acreage: _____	<input type="checkbox"/> Overnight mission trips Provide details below

Other: \_\_\_\_\_

Full details on above items: \_\_\_\_\_

### Liability Coverage

1. Occurrence/Aggregate limit  \$100,000/\$200,000  \$300,000/\$600,000  \$500,000/\$1,000,000  \$1,000,000/\$2,000,000

### Optional Liability Coverages Requested (Check all that apply)

<input type="checkbox"/> Pastoral professional	<input type="checkbox"/> Hired and non-owned auto	<input type="checkbox"/> Legal defense cost reimbursement
<input type="checkbox"/> Blanket additional insured		<input type="checkbox"/> Employee dishonesty limit \$ _____
Abuse and molestation limit options: <input type="checkbox"/> \$100,000/\$300,000 (automatically included) <input type="checkbox"/> \$300,000/\$600,000 <input type="checkbox"/> \$500,000/\$1,000,000 <input type="checkbox"/> \$1,000,000/\$1,000,000		

**Property Information** (If there are more than three buildings, please provide the below information on a separate sheet)

<b>Cause of Loss</b> <input type="checkbox"/> Basic <input type="checkbox"/> Special <input type="checkbox"/> Broad	<b>Valuation</b> <input type="checkbox"/> Actual cash value <input type="checkbox"/> Replacement cost	<b>Deductible</b> <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	<b>Coinsurance</b> <input type="checkbox"/> 80% <input type="checkbox"/> 90% <input type="checkbox"/> 100%
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	Building # _____	Building # _____	Building # _____
<b>Usage</b>			
<b>Location address</b>			
<b>City/State/Zip</b>			
<b>Total square feet</b>			
<b>Building construction</b>			
<b>Protection class</b>			
<b>Year built</b>			
<b>Plumbing</b>	<input type="checkbox"/> PVC <input type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input type="checkbox"/> Lead <input type="checkbox"/> Other: _____	<input type="checkbox"/> PVC <input type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input type="checkbox"/> Lead <input type="checkbox"/> Other: _____	<input type="checkbox"/> PVC <input type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input type="checkbox"/> Lead <input type="checkbox"/> Other: _____
<b>Roof type</b>	<input type="checkbox"/> Flat <input type="checkbox"/> Wood shake <input type="checkbox"/> Shingle <input type="checkbox"/> Metal <input type="checkbox"/> Tile <input type="checkbox"/> Slate <input type="checkbox"/> Other: _____	<input type="checkbox"/> Flat <input type="checkbox"/> Wood shake <input type="checkbox"/> Shingle <input type="checkbox"/> Metal <input type="checkbox"/> Tile <input type="checkbox"/> Slate <input type="checkbox"/> Other: _____	<input type="checkbox"/> Flat <input type="checkbox"/> Wood shake <input type="checkbox"/> Shingle <input type="checkbox"/> Metal <input type="checkbox"/> Tile <input type="checkbox"/> Slate <input type="checkbox"/> Other: _____
<b>Roof age</b>	_____ years	_____ years	_____ years
<b>Is the building fully protected by an operational sprinkler system covering 100% of the premises?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Building limit</b>	\$ _____	\$ _____	\$ _____
<b>Business personal property limit</b>	\$ _____	\$ _____	\$ _____
<b>Central station burglar alarm</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Optional Property Coverages** (Check all that apply)

<input type="checkbox"/> Equipment breakdown	<input type="checkbox"/> Value Plus endorsement	<input type="checkbox"/> Business income limit \$ _____
<input type="checkbox"/> Torah scrolls (\$120,000 maximum limit) \$ _____		<input type="checkbox"/> Stained glass limit \$ _____

**Loss History**

2. Have there been any losses, claims, or known circumstances that could result in a claim in the past three years?  Yes    No

*If "Yes," please provide the following information; additional claims or information may be submitted on separate sheet.*

Coverage Type	Date of Loss	Description of Loss	Paid	Reserved	Status
<input type="checkbox"/> Property <input type="checkbox"/> Liability			\$ _____	\$ _____	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Property <input type="checkbox"/> Liability			\$ _____	\$ _____	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Property <input type="checkbox"/> Liability			\$ _____	\$ _____	<input type="checkbox"/> Open <input type="checkbox"/> Closed

## II. ELIGIBILITY CRITERIA

3. Are there past, pending or planned foreclosures and/or bankruptcies or judgments for unpaid taxes against the named insured or any officer, partner, member or owner, individually within the past five years?  Yes  No
4. Do all public areas, occupancies and/or habitational units have functional and operational smoke and/or heat detectors?  Yes  No
5. Has insurance coverage been canceled or non-renewed in the past three years? *(not applicable in MO)*  Yes  No  
If "Yes," please provide the reason: \_\_\_\_\_
6. Does any building built prior to 1978 have aluminum wiring or knob and tube wiring?  Yes  No
7. For any building built prior to 1978, is 100% of the wiring on functional and operational circuit breakers?  Yes  No

### General Liability

8. Are there at least two means of egress (exits) for every floor with public access?  Yes  No
9. Do operations include a commercial child care center, a grade/high school, a convent, a monastery, missionary housing, a retreat house, a retreat center or a campground?  Yes  No
10. Does the organization engage in any international travel or activities?  Yes  No
11. Have there been any incidents of alleged molestation or abuse in the past, or are there any currently under investigation?  Yes  No
12. Are all exit signs on the premises illuminated?  Yes  No
13. Are any renovations or other construction projects anticipated in the next 12 months?  Yes  No
14. Is designated in-house or external security personnel used to respond to intruders, violent incidents or other similar threats?  Yes  No

### Abuse and Molestation Liability

15. Are all prospective employees required to have their prior employment and personal references verified?  Yes  No
16. Except for a bona fide counseling session, are minors ever left alone with only one adult in any program, service, event or other activity sponsored by the organization?  Yes  No
17. Is there a policy/procedure that is followed for the proper supervision of employees and volunteers who are in direct contact with minors and other individuals in all programs, services, events or other activities?  Yes  No
18. Does the hiring process for employees and volunteer workers include questions about whether they have ever been convicted of any crime or involved in any lawsuit, claim or charge involving sexual abuse, sexual molestation or sexual misconduct?  Yes  No

### Pastoral Professional Liability

19. Does the organization have more than five pastors/clergy on staff at any one location?  Yes  No
20. Are there procedures in place to protect the confidentiality of members?  Yes  No
21. Are there any prior allegations, claims or suits as a result of counseling services?  Yes  No

### Hired and Non-Owned Auto Liability

22. Is there a commercial auto insurance policy in force?  Yes  No
23. Are employees or volunteers required to use their personal automobiles to conduct the applicant's business on a regular basis?  Yes  No
24. Are vehicles used to transport people or deliver goods or products on a regular basis?  Yes  No

## III. MANAGEMENT LIABILITY COVERAGES

25. Is any entity proposed for insurance involved in research, development or testing?  Yes  No
26. Is any entity proposed for insurance involved in certification, accreditation or standard-setting?  Yes  No
27. Is any entity proposed for insurance involved in disciplinary actions as a result of peer review activities?  Yes  No
28. Has any entity proposed for insurance closed, downsized, laid off or reduced staff, sold, merged with or acquired any company in the past 12 months, or does any entity anticipate doing so in the next 12 months?  Yes  No
29. Has the applicant separated or does the applicant plan on separating from their parent organization/governing body?  Yes  No
30. Does the applicant have any subsidiaries requiring coverage?  
If "Yes," please complete the *Nonprofit Subsidiary Addendum (NPSADD)*.  Yes  No
31. Does the organization currently carry general liability insurance?  Yes  No
32. Is any entity proposed for insurance involved in administration or sponsorship of any insurance programs?  Yes  No
33. Does the organization have tax exempt status by the IRS?  Yes  No

34. Has any policy for directors and officers or employment practices liability ever been canceled or non-renewed? (Not applicable in MO)  Yes  No
35. Does the organization perform any operations located outside the U.S.?  Yes  No  
If "Yes," please provide the reason: \_\_\_\_\_
36. Is any entity proposed for insurance involved in labor/union negotiations or collective bargaining?  Yes  No

37. Total number of employees: Full time: \_\_\_\_\_ Part time: \_\_\_\_\_ Volunteers: \_\_\_\_\_

38. Please provide the following financial information for the past three (3) years. (If the organization has been in existence for less than three years, please provide a budgeted revenue/expense statement for the next three years.)

Year	Total Revenues	Net Income (Loss)	Current Fund Balance*
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

\*Fund balance = total assets - total liabilities

39. Has the applicant or any person proposed for coverage (whether of not in the service of the applicant) been the subject of or been involved directly or indirectly in any civil, criminal, regulatory, legislative, or administrative proceeding(s)?  Yes  No
40. Within the past five years, has any inquiry, complaint, notice of hearing, claim or suit been made (including but not limited to the Equal Employment Opportunity Commission, state human rights boards, municipal, state or federal regulatory authorities), against the organization or any person proposed for insurance in the capacity of director, officer, trustee, employee or volunteer of the organization?  Yes  No  
If "Yes," please forward a completed USLI supplemental claims application.
41. Is any person proposed for this insurance aware of any fact, circumstance or situation that may result in a claim against the organization or any of its directors, trustees, officers, employees or volunteers?  Yes  No  
If "Yes," please forward a completed USLI supplemental claims application.

**FRAUD STATEMENTS**

**Alabama, Arkansas, District of Columbia, New Mexico, Rhode Island and West Virginia:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**California:** For your protection California law requires the following to appear on this application. Fraud Statement: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Colorado Fraud Statement:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**Florida Fraud Statement:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Kansas Fraud Statement:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of a crime and may be subject to fines and confinement in prison.

**Maine Fraud Statement:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits

**Maryland Fraud Statement:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**New Jersey Fraud Statement:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Ohio Fraud Statement:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Oklahoma Fraud Statement:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Oregon Fraud Statement:** Notice to Oregon applicants: Any person who, with intent to defraud or knowing that he is facilitation a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

**Kentucky and Pennsylvania Fraud Statement:** 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.

**Tennessee, Virginia and Washington Fraud Statement:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Fraud Statement (All Other States):** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

**STATE NOTICES**

**Arizona Notice:** Misrepresentations, omissions, concealment of facts and incorrect statements shall prevent recovery under the policy only if the misrepresentations, omissions, concealment of facts or incorrect statements are; fraudulent or material either to the acceptance of the risk, or to the hazard assumed by the insurer or the insurer in good faith would either not have issued the policy, or would not have issued a policy in as large an amount, or would not have provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known to the insurer as required either by the application for the policy or otherwise.

**Florida Surplus Lines Notice:** (Applies only if policy is non-admitted) You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

**Florida and Illinois Punitive Damage Notice:** I understand that there is no coverage for punitive damages assessed directly against an insured under Florida and Illinois law. However, I also understand that punitive damages that are not assessed directly against an insured, also known as "vicariously assessed punitive damages", are insurable under Florida and Illinois law. Therefore, if any Policy is issued to the Applicant as a result of this Application and such Policy provides coverage for punitive damages, I understand and acknowledge that the coverage for Claims brought in the State of Florida and Illinois is limited to "vicariously assessed punitive damages" and that there is no coverage for directly assessed punitive damages.

**Maine Notice:** The insurer is not permitted to withdraw any binder once issued, but a prospective notice of cancellation may be sent and coverage denied for fraud or material misrepresentation in obtaining coverage. A policy may not be unilaterally rescinded or voided.

**Minnesota Notice:** Authorization or agreement to bind the insurance may be withdrawn or modified only based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days' notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

**Ohio Representation Statement:** By acceptance of this policy, the Insured agrees the statements in the application (new or renewal) submitted to the company are true and correct. It is understood and agreed that, to the extent permitted by law, the Company reserves the right to rescind this policy, or any coverage provided herein, for material misrepresentations made by the Insured. It is understood and agreed that the statements made in the insurance applications are incorporated into, and shall form part of, this policy.

**THE INSURED UNDERSTANDS AND AGREES THAT ANY MATERIAL MISREPRESENTATION OR OMISSION ON THIS APPLICATION WILL ACT TO RENDER ANY CONTRACT OF INSURANCE NULL AND WITHOUT EFFECT OR PROVIDE THE COMPANY THE RIGHT TO RESCIND IT.**

**Utah Punitive Damages Notice:** I understand that Punitive Damages are not insurable in the state of Utah. There will be no coverage afforded for Punitive Damages for any Claim brought in the State of Utah. Any coverage for Punitive Damages will only apply if a Claim is filed in a state which allows punitive or exemplary damages to be insurable. This may apply if a Claim is brought in another state by a subsidiary or additional location(s) of the Named Insured, outside the state of Utah, for which coverage is sought under the same policy.

If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.

Retail agency name: \_\_\_\_\_ License #: \_\_\_\_\_

Agent's signature: \_\_\_\_\_ Main agency phone number: \_\_\_\_\_

(Required in New Hampshire)

Agency mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

The signer of this Application acknowledges and understands that the information provided herein is material to the Company's acceptance of the risk and issuance of the requested policy. The signer of this Application represents that the information provided herein is true and correct in all matters. Any changes in the information represented in this Application occurring prior to the effective date of a policy shall be promptly reported to the Company in which case, the Company has the right to modify or withdraw any quote or binder issued based on such changes. The Company has the right but not the obligation to investigate any representation(s) in this Application. A decision by the Company not to investigate shall not estop the Company from relying on this Application in issuing a policy. It is agreed that this Application and any material submitted therewith, including but not limited to any supplemental Application(s), shall be the basis of any policy that is issued.

**New York Fraud Statement:** 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicant's signature: \_\_\_\_\_ Title: \_\_\_\_\_

President, Chairperson of the Board, Managing Member, or Executive Director

Date: \_\_\_\_\_