



ZBS Insurance Application

Name of Church: _____

Contact Person: _____

Address of Church: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Current Insurance: Please fill out the information based on your current policies.

DO YOU CURRENTLY HAVE COMMERCIAL PROPERTY AND LIABILITY COVERAGE? (YES OR NO) _____

If No, Please Explain: _____

Have you been declined coverage or non-renewed within the last 3 years? Do not answer if you are located in Missouri per state Law(Yes or No) _____

	Effective Date	Current Insurance Co.	Annual Premium
Property & Liability Package	_____	_____	\$ _____
Auto Insurance	_____	_____	\$ _____
Workers Compensation	_____	_____	\$ _____
Umbrella	_____	_____	\$ _____
Directors & Officers	_____	_____	\$ _____

Workers Compensation: Please indicate estimated annual payroll by category. **Federal ID #:** _____

Professional (This would include all ministers, youth directors, choir directors, ministers of music, organists, day care or nursery help, or any other non-hazardous position.) \$ _____

Clerical Employees (secretaries, office help, receptionists, bookkeepers) \$ _____

All Other Employees (This would include janitors, custodians, maintenance personnel, cooks, drivers, yard maintenance, or any other hazardous position.) \$ _____

Vehicle Questionnaire:

Church-owned Vehicles

Year	Make	Model	Complete VIN # (Vehicle Identification Number)	Garage Zip Code	Cost New	*Physical Damage		# of Passengers
						Yes	No	

*Liability coverage will be included but physical damage is an additional option for an additional fee. Physical Damage is the repair and/or replacement of the scheduled vehicle. The older the vehicle the lesser the actual value of the vehicle. Recommend to include Physical Damage for vehicles less than 15 years of age.

Questionnaire Information:

Number of Active Members: _____

Number of Pastors: _____

Number of Associate Pastors: _____

Number of Employees: **Full Time** _____ **Part Time** _____ (Other than Pastors)

Vacant Land (Y/N) _____ # of Acres: _____ Location Address _____

Cemetery (Y/N) _____ # of Acres: _____ Location Address _____

Day Care (Y/N) _____

Full-Time Students _____

Claims in the last 5 years (Y/N) _____

If yes, please attach detailed carrier loss runs including description and amount paid.

Sexual Misconduct Coverage/Limit

AME Zion – Occurrence - \$1,000,000/\$3,000,000

Current Coverage Trigger: **No Prior Coverage** **Occurrence** **Claims-made** **Retro Date**

Sexual Misconduct Liability

(The section below applies to all operations)

1. Does your organization have a written zero tolerance for abuse policy which includes procedures designed to prevent acts of sexual misconduct that is communicated to all employees and volunteers? **Yes:** _____ **No:** _____ **No written Policy** _____
2. Does your organization have a written crisis plan in place concerning the treatment of victims, parents and employees, and how to communicate with authorities and the media if there is an incident of abuse? **Yes:** _____ **No:** _____
3. Does your organization require that no minor is ever alone with only one adult on your organization's premises or in any organization sponsored activity unless in a counseling situation? **Yes:** _____ **No:** _____
4. Have any of your organization's past or present employees, volunteers or representatives ever received a report, a complaint, an allegation, ever been charged, convicted, had a claim for damages submitted against, or sued in civil court for any type of sexual misconduct? **Yes:** _____ **No:** _____
If yes, identify the person and submit a detailed written account:

5. Does your organization conduct nationwide and statewide criminal or sex offender background checks on all employees and volunteers?
All Employees: **Yes** _____ **No:** _____
All Volunteers: **Yes** _____ **No:** _____
6. Does your organization conduct reference checks on all employees and volunteers?
All Employees: **Yes** _____ **No:** _____
All Volunteers: **Yes** _____ **No:** _____
The reference check includes contacting, at a minimum, two organizations in which the applicant has previously worked.
7. How many months do you require that all volunteers be involved with your organization before they are allowed in any position involving contact with minors? _____

Loss History

(Required for all operations, when not submitting with ACORD 125 with Loss History completed) **Check if None** _____

Enter all claims or losses (regardless of fault and where or not insured) or occurrences that may give rise to claims for the last three years **Total Losses:**
\$ _____

Date of Occurrence	Type/description of occurrence or claim	Date of claim	Amount paid	Amount reserved	Claim Open Yes/No
					Yes _____ /No _____
					Yes _____ /No _____
					Yes _____ /No _____

Please Provide: A copy of current policies and 3 – 5 years of currently valued carrier loss run



ZION BENEFITS SERVICES, INC.

"C.O.P.E." (Construction, Occupancy, Protection, Exposure) Information: 10/1/20 - 10/1/21

STATEMENT OF VALUES

All buildings must be listed separately even if at the same location.

CHURCH NAME:	NAME OF CONTACT PERSON	CONTACT'S PHONE #

	Street Address	City	Zip Code	Building Value	Content Value	Sq. Footage
Location #1						
Location #2						
Location #3						

	Construction Type**	Historical Y/N	# of Stories	Age of Roof	Roof Type***	Occupancy – Use of Building	Circuit Breakers or Fuses
Location #1							
Location #2							
Location #3							

*Are there any recurring electrical problems, such as blown fuses or tripped breakers, flickering lights, or overheated appliance cords or extension cords? IF YES, Advise: _____

	Lightning Rod(s) Y/N	Burglar Alarm - Y/N	Heat/Smoke Alarm Y/N	Sprinkler Sys - Y/N	Boiler - Y/N	Year Built
Location #1						
Location #2						
Location #3						

****Explanation of Construction Types:**

- Frame:** Exterior walls are wood or steel studs, covered with wood siding, shingles, stucco, brick or stone veneer.
- Joisted Masonry:** Exterior walls are concrete block, stone or similar materials. The floors and roof are wood or other combustible materials.
- Masonry Non-Combustible:** Exterior walls are concrete block, stone or similar materials. The floors and roof are wood or other combustible supported by structural steel frame. The structural steel frame is not fireproofed.
- Fire Resistive:** Buildings with reinforced concrete frame. The walls are non-combustible materials and the floors and roof are reinforced concrete or concrete on fireproofed steel deck.

*****Roof Type Possible Options:**

Asphalt Shingles, Metal, Tile, Slate, Rubber/Membrane, Flat Tar & Gravel, etc.

Insurance Fraud Warning:

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 person.

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: 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 restitution, fines, or confinement in person or any combination thereof. *Applies in MD Only.

Applicable to CO: 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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: 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). *Applies in FL Only

Applicable in KS: 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 commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: 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 material 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY only.

Applicable to ME, TN, VA and WA: 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 and denial of insurance benefits. *Applies in ME only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

ACKNOWLEDGEMENT AND SIGNATURES:

The undersigned is an authorized representative of the applicant and represents that reasonable inquiry has been made to obtain the answers to questions on this application. He/She represents that the answers are true correct and compete to the best of his/her knowledge.

Authorized Applicant Signature: _____

Print Name: _____

Title: _____

Date: _____