

Insurance Plan for Churches and Christian Charities

QUOTATION REQUEST

Name of Church or Charitable Organization _____

Mailing Address _____

Location Address _____ Website _____

Additional Locations: Address _____ Occupancy _____

Address _____ Occupancy _____

Address _____ Occupancy _____

Contact person _____ Telephone Numbers () _____ () _____

Title _____ E-mail Address _____

Brief description of operations and activities _____

Number of: Members _____ Adherents _____ Volunteers _____

Are you a registered Christian charitable organization? Yes No Years in operation _____

Are you incorporated? Yes No If yes, is your incorporation? Provincial Federal International

Denominational affiliation, if applicable? _____

Membership with Canadian Council of Christian Charities (CCCC) Certified Member Affiliate Member

PLEASE RETURN BY FAX, MAIL OR EMAIL

Existing Insurer _____ Expiry Date _____

Describe claims in the past 5 years _____

EXISTING COVERAGES AND LIMITS
(or attach a copy of the coverage declaration pages of your current policy)

PROPERTY AND CRIME	Limits	LIABILITY	Limits
Building	\$	General Liability	Per Occurrence \$
Contents	\$		Aggregate \$
Boiler and Machinery	\$	Medical Payments	\$
Glass	\$	Non-Owned Automobiles	\$
Exterior Signs and Lighting	\$	Employers Liability	\$
Property Floater _____	\$	Tenants Legal Liability	\$
Extra Expense	\$	Counselling Liability	\$
Theft of Money	\$	Errors and Omissions	\$
Building #2 _____	\$	Directors and Officers	\$
Building #3 _____	\$	Umbrella Liability	\$
Other _____	\$	Other _____	\$
Other _____	\$	Other _____	\$

PLEASE COMPLETE PROPERTY AND LIABILITY QUESTIONNAIRE ON REVERSE

Liability Questionnaire

GENERAL INFORMATION

Operations and Activities -

Please specify appropriate box (or boxes):

- | | |
|--------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Church Congregation | <input type="checkbox"/> Counselling Centre |
| <input type="checkbox"/> Non-Profit Day Care / Nursery | <input type="checkbox"/> Drop-In Centre |
| <input type="checkbox"/> Christian School | <input type="checkbox"/> Missions Organization |
| <input type="checkbox"/> Bible College / Seminary | <input type="checkbox"/> Evangelistic Ministry |
| <input type="checkbox"/> Christian Campground | <input type="checkbox"/> Denomination Office |
| <input type="checkbox"/> Other _____ | |

Annual Revenue \$ _____

Annual Payroll \$ _____

Number of Employees: Full Time _____ Part Time _____

Sources of Revenue: _____

Operations on Premises: _____

Operations off Premises: _____

Operations Outside Canada: _____

COUNSELLING ACTIVITIES

Counselling Services Offered Yes No

If Yes by whom?

- Specified Counsellors or Ministers
 Staff Members Volunteers

Are fees charged? Full Partial None

Annual Receipts \$ _____

ABUSE PREVENTION

Does your organization conduct childrens' / youth ministries or activities? Yes No

Do you have formal written policies and screening for the prevention of physical, sexual or mental abuse? Yes No

Have allegations of abuse ever been made against your organization or leaders? Yes No

If yes, please describe:

DIRECTORS AND OFFICERS

Number of: Board Members _____

Officers _____

Trustees _____

Any prior claims, legal actions or regulatory hearings against board members? Yes No

If yes, please describe:

Property Questionnaire

Complete one (1)
form per building

OCCUPANCY

Organization is: Owner Condominium Owner
 Tenant Other _____

Building Occupied as: _____

CONSTRUCTION

Year Built: _____ Additions: _____ Renovations: _____

Ground Floor Area _____ sq. ft.

Second Floor Area _____ sq. ft.

Basement Area _____ sq. ft.

Wall Construction: Fire Resistive Masonry
 Brick Veneer Wood Frame

Roof Type: Flat Slope Peak
 Other _____

Roof Construction: Wood Joist Concrete Steel Deck
 Other _____

Roof Covering: Tar & Gravel Metal
 Asphalt Shingle
 Other _____

Floor Construction: Wood Joist Concrete
 Other _____

HEATING

Primary Source: Forced Air Electric Baseboard
 Hot Water Steam
 Other _____

Boiler, if applicable: Type _____
Age _____ P.S.I. Level _____

Secondary Source: Electric Baseboard Wood Stove
 Other _____

ELECTRICAL

Overcurrent Protection:

Circuit Breakers Type S Fuse Other Fuses
AMP Rating _____

Age of Electrical Panel _____ Age of Wiring _____

FIRE PROTECTION

Responding Firehall _____

Distance to Firehall _____

Fire Hydrants within 1,000 feet Yes No

Sprinkler System Yes No

SECURITY

Is there a security system on premises? Yes No

If yes, alarm is: On premises only
 Off premises third party
 U.L.C. Monitored Station

Maximum amount of cash on premises \$ _____

Is there a safe? Yes No Class of safe _____