

# 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 \_\_\_\_\_