



North Carolina Annual Conference Church Insurance Application

Name of Church: _____ **GCFA #** _____
Contact Person _____ **Control #** _____
Address of Church: _____ **District** _____
City _____ **County** _____
State _____
Zip _____
Phone # () _____ **Fax #** _____ **Email:** _____

Current Insurance:

Please fill out the information based on your current policies

	Expiration Date	Current Insurance Co.	Annual Premium
Property & Liability Package	_____	_____	_____
Auto Insurance	_____	_____	_____
Workers Compensation	_____	_____	_____
Umbrella	_____	_____	_____
Directors & Officers	_____	_____	_____
Other -	_____	_____	_____

Property:

Please complete attached statement of replacement value worksheet for all buildings.

Description of Properties:

Note: The building value should include replacement values for the following: organs, stained glass, fixed pews, seats, altars, pulpits, lecterns, fences, signs and other fixed property.

Responding fire department	_____	Fine Arts	\$ _____
County of location	_____	Higher value items excess of \$25,000	_____
Does building have a steeple?	y / n	Musical instruments (total value)	\$ _____
Height of steeple	_____	Handbells	\$ _____
		Brand name	_____
Is church located within city limits?	y / n	# of sets	_____
		# of octaves	_____
Is the church a historical site?	y / n	Pipe Organ (replacement value)	\$ _____
Date declared historical	_____	Manufacturer	_____
List historical registry	_____	# of ranks	_____
Do building/s have an elevator/s?	y / n	Year manufactured	_____
If yes, how many	_____	Stained Glass (replacement value)	\$ _____
Any structural renovations, additions demolition or new building planned or in progress?	y / n	# of windows	_____
(Attach a short description of project)		Estimated total square footage of each window	_____
Electronic Data processing hardware (computers, telephones, fax, etc.)	\$ _____	Other	\$ _____

Crime coverage:

Number of people who handle cash _____
 Two signatures required on checks y / n *PACT requires two signatures on checks
 Where is cash kept overnight? _____

Building and grounds annual maintenance budget \$ _____

Owned Auto Coverage: Please complete the attached vehicle questionnaire if applicable.

General Liability:

Number of Pastors: _____
 Number of Active Members: _____
 Number of Trustees: _____
 Average weekly attendance: _____

Any church owned cemeteries? y / n
 Address of locations _____
 # of annual burials _____

Day Care y / n
 Number of Full-time students: _____
 Number of Part-time students: _____
 Number of Teachers: _____
 Days of Operation: _____
 Hours of Operation: _____
 Adult Day Care: y / n

Any cooking on premises? y / n
 If yes, complete supplemental application
 Any church sponsored trips involving children under the age of 18 planned for next year? y / n

Any medical professionals on staff y / n
 Any vacant land y / n
 If yes, number of acres and address _____

If yes, complete supplemental application
 Any athletic sponsored events? y / n
 If yes, complete supplemental application
 Any pets living on church property y / n
 If yes, what type? _____
 Do you sponsor any foreign trips? y / n

Workers Compensation:

Please indicate estimated annual payroll by category.

Federal ID # _____

8868 - Professional and Clerical Employees (This would include all ministers, youth directors, choir directors, ministers of music, organists) \$ _____

8869 – Child Day Care Staff (Administrators, day care or nursery help) \$ _____

8810 – Office Staff (secretaries, office help, receptionists, bookkeepers, or any other non-hazardous position.) \$ _____

9101 -All Other Employees (This would include janitors, custodians, maintenance personnel, cooks, drivers, yard maintenance, or any other hazardous position.) \$ _____

Total number of employees _____

Claims History:

Please list all losses in the past 5 years. Attach a copy of loss details from current carrier.

Date	Description of Loss	Amount of Loss
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signed: _____

Date: _____

Name: _____

Title: _____

All this information will be kept confidential and will only be given to persons involved in the gathering of this data and the rating of insurance premiums for a conference wide insurance program for the North Annual Conference.

Should you have any questions please call - Chrisy Powell 1-800-849-4433 ext. 234

Please return this application to – NC Conference PO Box 10955 Raleigh, NC 27605

STATEMENT OF REPLACEMENT VALUE

Description Of Property: ALL INFORMATION IS REQUIRED TO OBTAIN A QUOTE

Note: The building replacement cost should include replacement costs for attached organs, stained glass, fixed pews, seats, altars, pulpits, lecterns, fences, signs and other fixed property. Identify any building that has a boiler vessel. All buildings must be listed separately even if they are at the same location. Please provide 2 pictures of each building along with a diagram. Please indicate the date for any major renovations. (Roof, Plumbing & HVAC)

	Year Built	Square Footage		# of Stories	Cstr.*	Sprinkler Y/N	Age of Roof	Lightning Rod Y/N	Boiler Y/N	Smoke Alarm Y/N	Burglar Alarm Y/N	Building Value	Contents Value	
		Total (Excl. Basmt.)	Basement											
			Finished**											Unfinished
Sanctuary														
Location Address (incl. city, state, zip):														
Fellowship Hall														
Location Address (incl. city, state, zip):														
Education Building														
Location Address (incl. city, state, zip):														
Office														
Location Address (incl. city, state, zip):														
Parsonage														
Location Address (incl. city, state, zip):														
Garage														
Location Address (incl. city, state, zip):														
Other building														
Description/Address (incl. city, state, zip):														

***Construction**

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 material.

Masonry Non-Combustible: Exterior walls are concrete block, stone or similar materials. The floors and roof are non-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 floors and roof are reinforced concrete or concrete on fireproofed steel deck.

**Finished basement means dry walled, flooring (carpet/tile) & finished ceiling.

Signature _____

Title _____ Date _____

Vehicle Questionnaire

Church owned vehicles

Year	Make	Model	Complete VIN #	Garage Zip Code	Cost New	Deductibles		# of Passengers
						Comp.	Collision	

Attach a list of loss payees per vehicle

MVRs

List all employees, volunteers and family members who drive on a regular basis (at least once every two weeks)

Name	Driver's License #	Social Security #	Date of Birth	State of License

Supplemental Application

Cooking on Premise

Who are they cooking for? _____

Is the kitchen equipped with a stove? Yes _____ No _____

If yes, standard or commercial? _____

If commercial, is there an automatic extinguishing system with a regular servicing contractor? Yes _____ No _____

Fire extinguishers located in the kitchen area? Yes _____ No _____

Are the protective hoods, ducts and filters cleaned annually? Yes _____ No _____

Is there catering for other than church events? Yes _____ No _____

Church Sponsored Trips

What is the purpose of the trip? _____

Where are they going? _____

Approx. length of trips? _____

Age Group? _____

Child / adult ratio? _____

What means of transportation? _____

Sponsored Athletics

Type of activity _____

Type of activity _____

Type of activity _____

Are medical release forms on file? Yes _____ No _____

Are permission slips for minors on file? Yes _____ No _____

Is there other health insurance available? Yes _____ No _____

Protecting Children and Vulnerable Adults and Pastoral Counseling Questionnaire 2007

Church Name: _____

GCFA #: _____ Annual Conference: _____

Church Physical Address: _____

City: _____ State: _____ Zip: _____

Children and Vulnerable Adults

	<u>Yes</u>	<u>No</u>
1. Do you follow the guidelines outlined by Safe Sanctuaries or other child protection programs from your Annual Conference or the general church?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have a written policy with procedures for screening and performing checks of all prospective employees?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have a written policy with procedures for screening prospective employees and volunteers that includes a personal interview by a staff member?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are signed and dated employment applications required of all prospective employees ?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are signed and dated volunteer applications required of all prospective volunteers ?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do your employment applications contain a question that asks if the individual has ever been convicted of a crime, including any sex-related or child abuse?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are references checked and documentation maintained?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you communicate at least annually to your congregation the means for reporting violations of your policies to the leadership of the church?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do your employment applications require that one reference be a family member and other references are not family members?	<input type="checkbox"/>	<input type="checkbox"/>
10. Where are employment applications and reference check documents stored?		
11. How many years are they stored for?		
12. Has the church or any pastor had abusive act (or similar) insurance coverage declined, cancelled, or non-renewed?	<input type="checkbox"/>	<input type="checkbox"/>
13. Has the church, any employee, or volunteer had any claim or suit brought against them as a result of abusive acts?	<input type="checkbox"/>	<input type="checkbox"/>
14. Have any public authorities investigated the applicant relating to claims or allegations of abusive acts?	<input type="checkbox"/>	<input type="checkbox"/>
15. Has any employee or volunteer had any claim or suit brought against them as a result of abusive acts?	<input type="checkbox"/>	<input type="checkbox"/>
16. Is pastoral counseling offered to anyone that is not a member of the church?	<input type="checkbox"/>	<input type="checkbox"/>
17. Has any clergy received income from counseling?	<input type="checkbox"/>	<input type="checkbox"/>
18. Has any church or clergy had any claim or suit brought against them as a result of counseling activities?	<input type="checkbox"/>	<input type="checkbox"/>
19. Has any church or clergy insurance coverage declined, cancelled, or non-renewed because of counseling activities?	<input type="checkbox"/>	<input type="checkbox"/>
20. Where are counseling sessions held? <input type="checkbox"/> Church <input type="checkbox"/> Clergy Home <input type="checkbox"/> Counselor Home <input type="checkbox"/> Other		

