



Pastoral Services – Professional Liability Abuse/Molestation & Assault/Battery Supplemental

Named Insured: _____ Location Address: # _____ : _____	Producers Name & Address
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City, State, Zip: _____ County _____
 Inspection Contact Name: _____ Telephone #: (_____) _____ - _____

Coverage Desired CGL with Professional Liability > 300 / 600K 500K / 1Mil 1Mil / 2Mil 2 Mil / 4Mil
 Abuse or Molestation including Assault & Battery 100K / 300K Higher

of Clerics / Pastors 1 2 3 4 5 _____

How long have you been in business? (years): _____
 How long has current management been in place? (years): _____
 How long has church operated under its current name? (years): _____
 If Church name has been changed, what was the church name immediately prior to its current name?

Is your church controlled, owned, affiliated or associated with any other firm, corporation or company? If yes provide Name(s) and relationship(s):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any of the following subsidiaries / additional exposures? <input type="checkbox"/> School <input type="checkbox"/> Daycare <input type="checkbox"/> shelter <input type="checkbox"/> Halfway houses <input type="checkbox"/> other: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any overnight exposures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your organization sponsor any missions or international travel?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your organization perform circumcisions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you perform background checks on employees and Volunteers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your organization utilize contracted counseling providers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are clients referred to a specialist when appropriate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are their procedures in place to protect the confidentiality of church members?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any losses from Assault & battery in last 3 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any prior allegations Claims or suits as a result of counseling services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any prior or current claims or allegations of Abuse or Molestation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

FRAUD STATEMENT: Any person who knowingly and with the 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.

WARRANTIES: I/we warrant that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the company evidence its acceptance of this application by issuance of a policy.

SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY TO COMPLETE THE INSURANCE

Signature of Applicant X _____ Date: _____ (Owner, Officer or Partner)

Signature of Agent X _____ Date: _____ (Licensed Agent)