

# Request for Proposal – HOUSE OF WORSHIP (v. 9.2022)



## Instructions:

1. Include current photos and loss runs, if available
2. Submit completed ACORD applications for auto, workers compensation and umbrella
3. E-mail to ewalseth@conveloins.com

Name of Producer		Phone	Name of Applicant		Denomination
		Email			
Name of Agency			Applicant Contact Person	Phone	
				Email	
Address			Mailing Address		
City	State	Zip	City	State	Zip
Policy Effective Date		Date Quote Needed	Year Founded	FEIN	

## Property

Item	Description/Occupancy	Address	Protection Class
1.)			
2.)			
3.)			

Item	Building Limit	RC or ACV	Contents Limit	Deductible	Construction Type	Area excluding Basement	Basement Area	# of Stories	Year Built
1.)									
2.)									
3.)									

Item	Roof Type	Year of Complete Roof Replacement	Electrical Update	Plumbing Update	Heating Update	Distance to Hydrant (ft.)	Distance to Fire Department (mi.)
1.)							
2.)							
3.)							

## Optional Property Coverages

Equipment Breakdown	Yes ___ No ___	Limit: _____	Money & Securities	Yes ___ No ___	Limit: _____
Outdoor Sign	Yes ___ No ___	Limit: _____	Employee Dishonesty	Yes ___ No ___	Limit: _____
Earthquake	Yes ___ No ___	Limit: _____	Forgery & Alteration	Yes ___ No ___	Limit: _____
Water Backup	Yes ___ No ___	Limit: _____	Ordinance or Law	Yes ___ No ___	Limit: _____
Utility Services	Yes ___ No ___	Limit: _____	Spoilage	Yes ___ No ___	Limit: _____
Inflation Protection	Yes ___ No ___	Limit: _____	Key Person Replacement	Yes ___ No ___	Limit: _____
Limited Flood	Yes ___ No ___	Limit: _____	Wind/Hail Deductible	Yes ___ No ___	Limit: _____

## **Liability**

General Liability - Occurrence	Limit: _____	Directors & Officers	Limit: _____
General Liability - Aggregate	Limit: _____	<i>Retro Date, if applicable</i>	<i>Date: _____</i>
Medical Expenses	Limit: _____	Employment Practices	Limit: _____
Damage to Rented Premises	Limit: _____	<i>Retro Date, if applicable</i>	<i>Date: _____</i>
Sexual Misconduct	Limit: _____	Employee Benefits	Limit: _____
Non-Owned/Hired Auto	Limit: _____	<i>Retro Date, if applicable</i>	<i>Date: _____</i>
Cyber Liability	Limit: _____	Religious Expression	Limit: _____

## **General Information**

- 1.) Average weekly attendance: \_\_\_\_\_
- 2.) Number of employees FT \_\_\_\_ PT \_\_\_\_
- 3.) Does the applicant own or operate any business not included on this application? Yes \_\_\_\_ No \_\_\_\_
- 4.) What pay plan was the applicant on with their prior carrier (Monthly, Quarterly, Semi-Annual or Annual)? \_\_\_\_\_
- 5.) Does the applicant operate a formal school, pre-school, daycare, mothers' day out, camp or daycamp (other than VBS)? If yes, contact our office for an additional supplemental application. Yes \_\_\_\_ No \_\_\_\_
- 6.) Does the applicant own or operate a cemetery at a separate location? Yes \_\_\_\_ No \_\_\_\_
- 7.) Does the applicant operate any non-profits on behalf of the Church (e.g. Thrift Store, Outreach Program, Food Pantry, etc.)? Yes \_\_\_\_ No \_\_\_\_
- 8.) Is there a formal safety program in operation?
  - If yes, pick one of the following: (1) Written safety manual or program; (2) Safety director or risk manager; (3) Regularly scheduled safety meetings with training; or (4) Other \_\_\_\_\_
- 9.) Does the applicant have a commercial cooking exposure? Yes \_\_\_\_ No \_\_\_\_
- 10.) Does the applicant host any special events such as: Fund-raiser, Picnics, Parades, Carnivals, Specialty Shows, Paint Nights, etc.? Yes \_\_\_\_ No \_\_\_\_
- 11.) Does the applicant sponsor any athletic teams? Yes \_\_\_\_ No \_\_\_\_
- 12.) Does the applicant use alternative energy sources such as solar panels or wind turbines? Yes \_\_\_\_ No \_\_\_\_
- 13.) Does the applicant have owned autos or require Garage-keepers coverage? Yes \_\_\_\_ No \_\_\_\_

## **Property**

- 14.) Does any building have any of the following:

Galvanized plumbing	Yes ____ No ____
Fuses	Yes ____ No ____
Knob-and- tube or aluminum wiring	Yes ____ No ____
Federal Pacific Electric Stab-Lok panels	Yes ____ No ____
Uncorrected fire code violations	Yes ____ No ____
Automatic sprinkler system	Yes ____ No ____
- 15.) Is any building on the national historical register? Yes \_\_\_\_ No \_\_\_\_
- 16.) Is any building being used for something other than its originally designed purpose? Yes \_\_\_\_ No \_\_\_\_
- 17.) Is any building greater than 50% vacant? Yes \_\_\_\_ No \_\_\_\_

## **Sexual Misconduct Liability**

- 18.) 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 \_\_\_\_
- 19.) 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 \_\_\_\_
- 20.) Are all volunteers involved with your organization for at least six months before they are allowed in any position involving contact with minors? Yes \_\_\_\_ No \_\_\_\_

- 21.) Does your organization have a written crisis plan in place for dealing with employees, victims, parents, authorities and the media if there is an incident of abuse? Yes \_\_\_ No \_\_\_
- 22.) 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 \_\_\_
- 23.) Does your organization conduct nationwide and statewide criminal or sex offender background checks on all employees and volunteers? Yes \_\_\_ No \_\_\_
- 24.) Does your organization conduct reference checks (contacting at a minimum two organizations in which the applicant has previously worked) on all employees and volunteers? Yes \_\_\_ No \_\_\_

**Church Directors & Officers Liability**

- 25.) Does the applicant have any open D&O claims, suit or complaints, or are there any pending against the organization (including employees, independent contractors or volunteers)? Yes \_\_\_ No \_\_\_
- 26.) Does the applicant or any executive, officer, or owner have any knowledge or information of any act, error, or omission which could reasonably be expected to give rise to a D&O claim, suit or complaint? Yes \_\_\_ No \_\_\_

**Employment Practices Liability**

- 27.) Years of continuous operation under same ownership? \_\_\_\_\_
- 28.) Does the applicant have any open EPL claims, suit or complaints, or are there any pending against the applicant or any executive, officer or owner? Yes \_\_\_ No \_\_\_
- 29.) Does the applicant or any executive, officer, or owner have any knowledge or information of any act, error, or omission which could reasonably be expected to give rise to an EPL claim, suit or complaint? Yes \_\_\_ No \_\_\_
- 30.) Are all applicants required to complete and sign an employment application? Yes \_\_\_ No \_\_\_
- 31.) In the past 12 months, have there been any layoffs or reductions in force totaling more than 15% of the total employee count, or are any expected in the coming 12 months? Yes \_\_\_ No \_\_\_

**Additional Interest – Mortgagee, Loss Payee, Additional Insured**

Name & Address	Type	Location	Interest	Loan/Serial #
	M / LP / AI			
	M / LP / AI			

**Three-Year Claims History**

Date of Loss	Description	Claim Total	Closed
			Yes ___ No ___
			Yes ___ No ___
			Yes ___ No ___

Current Insurance Carrier: \_\_\_\_\_ Current Premium: \_\_\_\_\_

Has any policy or coverage been declined, cancelled or non-renewed in the past five years? Yes \_\_\_ No \_\_\_

If yes, provide details: \_\_\_\_\_

Insured Signature: \_\_\_\_\_

Producer Signature: \_\_\_\_\_

Name/Title: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_