



**NORTH STAR MUTUAL
INSURANCE COMPANY**
BOX 48
COTTONWOOD, MINNESOTA 56229

CHURCH PROTECTOR APPLICATION

Quotation New Business Renewal of Number _____ EFFECTIVE DATE _____

Applicant _____ Agency _____ OGA# _____ NS# _____
 Address _____ Address _____
 _____ Zip _____ Zip _____
 Phone No.: _____ Phone No.: _____

CONTACT FOR INSPECTION: _____ **PHONE:** _____ - _____ - _____

Location of Premises (Include 911 Address and County)	Fire Dist. #	Occupancy	Construction
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Deductible: \$ _____ **Direct Bill Instructions:** Insured Mortgagee Other _____

New Business - 3 months premium required with application (2 months if paying monthly).

Protection Class: _____ Risk Inside City Limits? Yes No If No: Road Miles From Fire Dept. _____ Feet From Hydrant _____

SECTION I - PROPERTY COVERAGE

Causes of Loss Form Desired: Building: Broad Special (Incl. Equip. Breakdown) **Contents:** Broad Special (Incl. Equip. Breakdown)

Coverage	Coinsurance	Limits of Liability			
		Location 1	Location 2	Location 3	Location 4
<input type="checkbox"/> Building	_____ %	\$ _____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Contents	_____ %	\$ _____	\$ _____	\$ _____	\$ _____

OTHER SECTION I ENDORSEMENTS

Church Theft (\$1,000 Incl.) Amount of Increase \$ _____ Inland Marine Floater (Attach Schedule)
 Replacement Cost Endorsement Building Personal Property
 Employee Dishonesty (\$5,000 Incl.) Amount of Increase \$ _____ Other _____

SECTION II - LIABILITY COVERAGE

Limits of Insurance (Occurrence Only)

Limits

General Aggregate Limit (Other Than Products - Completed Operations)	\$ _____
Products - Completed Operations Aggregate Limit	Same as General Aggregate Limit
Personal and Advertising Injury Limit	Same as Occurrence Limit
Each Occurrence Limit	\$ _____
Medical Expense Limit	\$ <input type="checkbox"/> \$5,000 or <input type="checkbox"/> "NONE" (Option)

PROFESSIONAL LIABILITY (Claims Made): Directors and Officers Liability \$ _____
 Sexual Misconduct \$ _____
 Pastors Counseling Liability \$ _____

- PLEASE COMPLETE - (For Either Quotations or Issue)

- Age of Building: _____ General Condition: _____ Is the Church Kept Locked? Yes No
- Building Improvements:** Wiring - Yr. _____ Roofing - Yr. _____ Plumbing - Yr. _____ Heating - Yr. _____ Other _____
- ATTACH PHOTO.**
- Dimensions of Building: Length _____ Width _____ Height _____
 Basement? Full Partial: Length _____ Width _____ Finished Unfinished
- Total Square Footage of:** Main Floor _____ Basement _____ Balcony _____
- Is the Church Rented for any Community Functions, Special Events or used as a School or Day Care Nursery? Yes No
 If yes, describe _____
- Does the Church have their own Cemetery? Yes No If Yes, give location and number of acres _____
- Previous Carrier _____
- List of All Losses Last 3 Years: (Show type of loss) _____

MORTGAGEE: Name: 1. _____ 2. _____
 Street Address: _____
 Town and State: _____

Must be completed for any of the following Liability Coverages if requested.

A. DIRECTOR AND OFFICER COVERAGE

1. Number of years the church has been in continuous operation? _____
2. Number of Deacons, Elders, Officers and Trustees? _____
3. Have there been any claims made or presented to previous D & O policy? Yes No
If Yes, please provide a detailed written account.
4. Is any Deacon, Elder, Officer, Trustee or any person proposed for this insurance aware of any situation, fact or circumstance, which might provide valid grounds for any claim or suit? Yes No
If Yes, please submit a detailed written account.

B. SEXUAL MISCONDUCT COVERAGE

1. Does your church have a formal written policy that includes procedures designed to prevent acts of sexual misconduct? Yes No
If Yes, does your policy include a procedure in which you ask Employees and Volunteers if they have ever been accused of, participated in, or been convicted of sexual misconduct? Yes No
If Yes, does your policy include a written plan of action should any such claim arise? Yes No
2. Are all Employees, and those involved with any activity involving a minor (anyone under the age of 18), required to sign a release form which you keep on file that allows you to request a criminal background check? Yes No
3. Are a criminal background and a reference check done on all new Pastors and Employees? ... Yes No
4. If your Pastor has been employed at your church less than five years, was background check done before hiring? Yes No
5. Do you require that all Volunteers be involved with your organization for at least six months before they are allowed in any position involving contact with minors? Yes No
6. Have any of your past or present Pastors or Employees ever been accused, charged, convicted, had a claim for damages submitted against, or sued in civil court for any sexual misconduct? Yes No
If Yes, identify the person and submit a detailed written account.
7. Do you or any of your past or present Pastors, Officers, Deacons, Elders, Trustees, or Employees have any investigation or inquiry pending at the time of this application, or knowledge of any information that may lead to an investigation or inquiry, regarding an event or occurrence of sexual misconduct? Yes No
If Yes, submit a detailed written account.

C. PASTORS COUNSELING COVERAGE

1. Number of Pastors/LayPastors _____
2. Is the Pastor a graduate of a college of theology? Yes No
3. What is the extent of the counseling services provided? _____

4. Does the church have established counseling guidelines for pastors? Yes No

NOTICE - READ BEFORE SIGNING - As the applicant for this insurance, I grant permission to the agency listed on the front and to the underwriting departments of One General Agency and North Star Mutual to obtain claims information from previous insurer(s) and/or reports from investigative consumer organizations as to my credit (or credit-based insurance score), character, and/or condition of the property represented on this application. I understand that I have the right to make a request in writing as to the nature of any such information that may be developed and that I have the right to request that any such information be corrected by providing documented support for such correction. If my request is denied, I understand that I have the right to appeal to the Commissioner (**Oklahoma** Insurance Commissioner, PO Box 53408, Oklahoma City, OK 73152-3408).

If this application for insurance is accepted, I grant permission to One General Agency and North Star Mutual to disclose information to the Mortgagee(s) or Loss Payee(s) that may be designated in this application or its(their) successor(s). (Reports prepared by insurance-support organizations may be retained by them and disclosed to others.) **INSURANCE FRAUD IS A CRIME** - I understand that a person who submits an application or claim information with intent to defraud an insurer is guilty of a crime.

Applicant's Signature _____ **Date** _____

As the Agent for the applicant, I attest that the information in this application and attachments is correct to the best of my knowledge.

Agent's Signature _____ **Date** _____