

Account Number _____

Date _____

Named Insured _____

City/State _____

GENERAL SURVEY

Contact Person: _____

Title: _____

Phone Number: _____

Fax Number: _____

E-Mail Address: _____

Web Site: _____

1. Identify exposures not currently on policy (provide surveys for any new exposures):

- | | | |
|---|---|---|
| <input type="checkbox"/> Adult Day Care | <input type="checkbox"/> Day Care, School, College | <input type="checkbox"/> SRRP |
| <input type="checkbox"/> Builders' Risk | <input type="checkbox"/> Denominational Office | <input type="checkbox"/> Swimming Pool/Waterfront |
| <input type="checkbox"/> Camp Operations | <input type="checkbox"/> Health Ministries Program | <input type="checkbox"/> None |
| <input type="checkbox"/> Counseling Program | <input type="checkbox"/> Operations in Nonowned Buildings | |

2. LOSS HISTORY - REQUIRED FOR THE LAST THREE YEARS

- Previous Carrier Loss Run is Provided
- Form UN 578 (5-97) is Provided
- Signed Loss Letter From Insured is Provided
- N/A - No Previous Insurance

3. PREMIUMS FOR THE LAST THREE YEARS:

\$ _____
\$ _____
\$ _____

4. Name of previous carrier: _____

5. Insurance has been cancelled or nonrenewed in the last three years N/A State = MO
 Yes No If yes checked, provide details: _____

6. Is named insured incorporated as a religious non-profit organization?
 Yes No If no checked, provide details: _____

7. Number of years in existence

- New Operation
- Less Than 1
- 1 - 5
- 6 and Over

8. Named insured interest

- Owner
- Tenant If tenant is checked, tenant plans to buy or build Yes No
- *Other If other checked, provide details: _____

9. Building was constructed by: select all that apply

- Contract Labor Only
- Contract/Volunteer Labor
- Volunteer Labor Only
- *Other If checked, provide details: _____

10. Are any of the primary buildings converted structures?

- Yes No If yes, checked, provide details and building number(s): _____

- 11. Congregation is led by licensed/ordained clergy
 Yes No

- 12. Church membership is:
 Growing
 Stable
 Declining

- 13. Average number of attendees:
 Less Than 50 251 - 500
 51 - 250 Over 500

- 14. Identify adjacent buildings and exposures including occupancy, construction and distance:
(N) _____ (E) _____
(S) _____ (W) _____

- 15a. Pressure vessels (boilers) are present
 Yes No If yes checked, provide building numbers _____ and the following:
15b. Name of contact person for inspection purposes: _____
15c. Phone number of contact person: _____

- 16. Are there sprinkler systems in any building?
 Yes No If yes checked, building number(s) _____

- 17. Are there adequate fire extinguishers in each building?
 Yes No

- 18. Have all extinguishers been checked within the last year?
 Yes No

- 19. Are there adequate smoke detectors in each building?
 Yes No

- 20. Are any buildings protected by fire alarm systems?
 Yes No
 Central Station Alarm _____ % of Building # _____ Protected
 Local Alarm _____ % of Building # _____ Protected

- 21. Are any buildings protected by burglar alarm systems?
 Yes No
 Central Station Alarm _____ % of Building # _____ Protected
 Local Alarm _____ % of Building # _____ Protected

- 22. Does insured use security personnel?
 Yes No If yes, they are: Employees
 Volunteers Contract Labor
 Other _____

- IF SECURITY PERSONNEL ARE ARMED, REFER TO HOME OFFICE.**

- 23. Who is responsible for building maintenance?
 Full-Time Custodian Part-Time Custodian
 Volunteers Contract Labor
 *Other If checked, provide details: _____

31. Select activities/exposures that apply to this insured and provide details in remarks:
- | | |
|--|--|
| <input type="checkbox"/> Athletics | <input type="checkbox"/> Off-Premises Youth Activities |
| <input type="checkbox"/> Cemeteries or Burial Operations | <input type="checkbox"/> Operation of Off Road Vehicles (ATV's Golf Carts, Etc.) |
| <input type="checkbox"/> Fair Stand | <input type="checkbox"/> Other (Programs or Activities Not Common to Churches) |
| <input type="checkbox"/> Fireworks | <input type="checkbox"/> Skateboarding on Premises |
| <input type="checkbox"/> Food Pantry | <input type="checkbox"/> Snow Skiing |
| <input type="checkbox"/> Food Service to Public | <input type="checkbox"/> Special Events Off-Premises Involving General Public |
| <input type="checkbox"/> Foreign Operations/Activities (Foreign Mission Trips) | <input type="checkbox"/> Temporary Housing (Homeless) |
| <input type="checkbox"/> Fund Raising Activities | <input type="checkbox"/> Thrift Shop |
| <input type="checkbox"/> Haunted House | <input type="checkbox"/> Trampoline |
| <input type="checkbox"/> Hayrides | <input type="checkbox"/> Vacant Land (Away From Premises) |
| <input type="checkbox"/> Horseback Riding | <input type="checkbox"/> Water Skiing |
| <input type="checkbox"/> Inflatables (Owned/Nonowned) | <input type="checkbox"/> None Apply |

REMARKS for those items selected: _____

32. List other person(s) or organization(s) who lease the premises
- | | |
|------------------------------|---------------------|
| Name: _____ | Name: _____ |
| Lessee Usage: _____ | Lessee Usage: _____ |
| <input type="checkbox"/> N/A | |

33. Average weekly offerings: _____

34. Offerings are counted by two or more unrelated individuals
 Yes No If no checked, provide details: _____

35. Offerings are deposited immediately after services
 Yes No If no checked, provide details: _____

36. Insured attends/sponsors overnight or weekend camping trips
 Yes No

LOSS CONTROL CHECKLIST (Make Recommendations When Necessary)

37. Buildings locked when unattended.
 Yes No
38. Sidewalks well maintained including ice and snow removal where applicable.
 Yes No
39. Combustibles stored in the furnace/boiler room.
 Yes No
40. Damaged doors or windows.
 Yes No
41. All exits lighted.
 Yes No
42. All exit doors are equipped with panic hardware.
 Yes No
43. First aid kit on the premises.
 Yes No
44. Grounds well-maintained. (Free of debris, etc.)
 Yes No
45. Downspouts directed away from walkways.
 Yes No
46. Adequate outside lighting.
 Yes No
- REMARKS: _____

