

Account Number \_\_\_\_\_

Date \_\_\_\_\_

Named Insured \_\_\_\_\_

City/State \_\_\_\_\_

### **SUPPLEMENTAL 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. Building was constructed by: select all that apply

- |   |   |
|---|---|
| <input type="checkbox"/> Contract Labor Only      | <input type="checkbox"/> Volunteer Labor Only                     |
| <input type="checkbox"/> Contract/Volunteer Labor | <input type="checkbox"/> Other If checked, provide details: _____ |

3. Are any of the primary buildings converted structures?

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

4. Church membership is:

- Growing  
 Stable  
 Declining

5. Average number of attendees:

- |                                       |                                    |
|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Less Than 50 | <input type="checkbox"/> 251 - 500 |
| <input type="checkbox"/> 51 - 250     | <input type="checkbox"/> Over 500  |

6. Identify adjacent buildings and exposures including occupancy, construction and distance:

- |           |           |
|-----------|-----------|
| (N) _____ | (E) _____ |
| (S) _____ | (W) _____ |

7a. Pressure vessels (boilers) are present

- Yes  No If yes checked, provide building numbers \_\_\_\_\_ and the following:

7b. Name of contact person for inspection purposes: \_\_\_\_\_

7c. Phone number of contact person: \_\_\_\_\_

8. Are there sprinkler systems in any building?

- Yes  No If yes checked, building number(s) \_\_\_\_\_

9. Are there adequate fire extinguishers in each building?

- Yes  No

10. Have all extinguishers been checked within the last year?

- Yes  No

11. Are there adequate smoke detectors in each building?

- Yes  No

12. Are any buildings protected by fire alarm systems?

- Yes  No  
 Central Station Alarm \_\_\_\_\_ % of Building # \_\_\_\_\_ Protected  
 Local Alarm \_\_\_\_\_ % of Building # \_\_\_\_\_ Protected

13. Are any buildings protected by burglar alarm systems?  
 Yes  No  
 Central Station Alarm \_\_\_\_\_ % of Building # \_\_\_\_\_ Protected  
 Local Alarm \_\_\_\_\_ % of Building # \_\_\_\_\_ Protected
14. 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.**

15. Who is responsible for building maintenance?  
 Full-Time Custodian  Part-Time Custodian  
 Volunteers  Contract Labor  
 Other If checked, provide details: \_\_\_\_\_
16. Cooking facilities on premises  
 Yes  No If yes:  
 Residential Cooking Facilities  
 Commercial Cooking Facilities  
 If checked, automatic extinguishing system  
 Yes  No  
 If checked, date last serviced: \_\_\_\_\_  
 Insured has a cleaning contract for hood duct systems and exhaust fans  
 Yes  No

17. Are any buildings over 30 years old:  
 Yes  No If yes, provide dates of modernization for:
- |  | BUILDING # |
|--|------------|
| <input type="checkbox"/> Electrical _____      | _____      |
| <input type="checkbox"/> Plumbing _____        | _____      |
| <input type="checkbox"/> Heating/Cooling _____ | _____      |
| <input type="checkbox"/> Other _____           | _____      |

18. General condition of building:  
 Excellent  Fair  
 Good  Poor

19. General condition of roof:  
 Excellent  Poor  
 Good  Not Observable  
 Fair

20. Age of roof or year last replaced: \_\_\_\_\_

21. Insured owns additional building(s) not scheduled.  
 Yes  No If yes, provide address & occupancy \_\_\_\_\_

22. Check any of the following that apply: Identify Each Building and Provide Details for All Checked
- 22A.  Interior Water Damage \_\_\_\_\_
  - 22B.  Deteriorated/Cracked Foundation or Walls \_\_\_\_\_
  - 22C.  Insect or Vermin Infestation \_\_\_\_\_
  - 22D.  Steps Without Proper Handrails \_\_\_\_\_
  - 22E.  Leaking/Outdated Plumbing \_\_\_\_\_
  - 22F.  Improper/Inadequate Wiring \_\_\_\_\_
  - 22G.  Deteriorated or Sagging Roof \_\_\_\_\_
  - 22H.  Cracked or Uneven Walkways \_\_\_\_\_
  - 22I.  Vacant Building(s) \_\_\_\_\_
  - 22J.  Temporary Wiring/Extension Cord Use \_\_\_\_\_
  - 22K.  Interior Mold \_\_\_\_\_
  - 22L.  Other  Describe \_\_\_\_\_
  - 22M.  None Apply \_\_\_\_\_

23. 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: \_\_\_\_\_  
\_\_\_\_\_

24. List other person(s) or organization(s) who lease the premises  
 Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 Lessee Usage: \_\_\_\_\_ Lessee Usage: \_\_\_\_\_  
 N/A
25. Average weekly offerings: \_\_\_\_\_
26. Offerings are counted by two or more unrelated individuals  
 Yes  No If no checked, provide details: \_\_\_\_\_
27. Offerings are deposited immediately after services  
 Yes  No If no checked, provide details: \_\_\_\_\_

**LOSS CONTROL CHECKLIST (Make Recommendations When Necessary)**

28. Buildings locked when unattended.  
 Yes  No
29. Sidewalks well maintained including ice and snow removal where applicable.  
 Yes  No
30. Combustibles stored in the furnace/boiler room.  
 Yes  No
31. Damaged doors or windows.  
 Yes  No
32. All exits lighted.  
 Yes  No
33. All exit doors are equipped with panic hardware.  
 Yes  No
34. First aid kit on the premises.  
 Yes  No
35. Grounds well-maintained. (Free of debris, etc.)  
 Yes  No
36. Downspouts directed away from walkways.  
 Yes  No
37. Adequate outside lighting.  
 Yes  No
- REMARKS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_