



**Clergy Counseling Errors and Omissions Application**

Applicant's Name: \_\_\_\_\_  
 \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Location Address: \_\_\_\_\_  
 \_\_\_\_\_

Agency Name: \_\_\_\_\_  
 Agent: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**PROPOSED EFFECTIVE DATE:** From \_\_\_\_\_ To \_\_\_\_\_ 12:01 A.M., Standard Time at the address of the Applicant

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

**Applicant is:**     Individual     Corporation     Partnership     Joint Venture     Limited Liability Corporation  
 Not For Profit Organization     Other (Specify): \_\_\_\_\_

**Website Address:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_      **Phone No.:** \_\_\_\_\_

| <b>LIMITS OF INSURANCE REQUESTED</b> |                     |
|--------------------------------------|---------------------|
| \$ <i>Each Claim</i>                 | \$ <i>Aggregate</i> |

1. Advise the type of governing structure in the church, i.e., executive board, council, executive director, etc.:  
 \_\_\_\_\_
2. Number of clergy, ministers, priests, rabbis or pastors: \_\_\_\_\_
3. Date church established: \_\_\_\_\_
4. Religious body: \_\_\_\_\_
5. Denomination: \_\_\_\_\_
6. Size of congregation: \_\_\_\_\_
7. Are there written hiring procedures? .....  Yes  No

**8. Do hiring procedures include any of the following:**

- Educational background check?.....  None  Written  Verbal
- Fingerprint check? .....  None  Written  Verbal
- Previous employers check?.....  None  Written  Verbal
- Personal references check? .....  None  Written  Verbal

**9. Are there any prior allegations, claims or suits as a result of clergy errors and omissions? .....**  Yes  No  
 If yes, advise: \_\_\_\_\_

**10. Sexual Misconduct or Molestation. (If "Yes" is checked below, explain fully in remarks):**

- a. Does the insured know of any circumstances that could lead or has led to a claim under sexual misconduct or molestation? .....  Yes  No
- b. Is there anyone in the applicant's employment who has been formally accused or convicted of sexual misconduct or molestation? .....  Yes  No

**11. Are counseling services offered for a fee?.....**  Yes  No  
 If yes, provide details: \_\_\_\_\_

**12. Are contracted counseling providers utilized? .....**  Yes  No  
 If yes, provide details: \_\_\_\_\_

Are certificates of insurance obtained for professional coverage?.....  Yes  No

**13. Are procedures in place to protect the confidentiality of church members? .....**  Yes  No

**14. Please indicate percentage of total counseling (must total 100%):**

|                     |   |                                   |   |
|---------------------|---|-----------------------------------|---|
| Alcohol             | % | Marital                           | % |
| Criminal            | % | Narcotics                         | % |
| Crisis intervention | % | Sexual offenders                  | % |
| Domestic abuses     | % | Other counseling (Specify): _____ | % |
| Family              | % | _____                             |   |

**15. During the past three years, has any company ever canceled, nonrenewed, declined or refused similar insurance to the applicant? (Not applicable in Missouri) .....**  Yes  No  
 If yes, explain: \_\_\_\_\_

**16. Prior Carrier Information:**

|                                  |              |              |              |
|----------------------------------|--------------|--------------|--------------|
|                                  | <b>Year:</b> | <b>Year:</b> | <b>Year:</b> |
| <b>Carrier</b>                   |              |              |              |
| <b>Policy No.</b>                |              |              |              |
| <b>Occurrence or Claims Made</b> |              |              |              |
| <b>Total Premium</b>             |              |              |              |

**17. Loss History:**

| Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years. <input type="checkbox"/> Check if no losses in the last three years |                     |             |                 |                               |
|---|---------------------|-------------|-----------------|-------------------------------|
| Date of Loss  | Description of Loss | Amount Paid | Amount Reserved | Claim Status (Open or Closed) |
|   |                     |             |                 |                               |
|   |                     |             |                 |                               |
|   |                     |             |                 |                               |
|   |                     |             |                 |                               |
|   |                     |             |                 |                               |

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING:** Any person who knowingly and with 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 subjects such person to criminal and civil penalties. **(Not applicable to Oregon).**

**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO RHODE ISLAND APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON):** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**NEW YORK AUTOMOBILE FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

**NEW YORK OTHER THAN AUTOMOBILE FRAUD WARNING:** Any person who knowingly and with 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 civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**APPLICANT'S STATEMENT:**

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CO-APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_  
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: \_\_\_\_\_  
(Applicable in Iowa Only)

**IMPORTANT NOTICE**

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.



**CREATIVE UNDERWRITERS CORPORATION**  
140 EAST MAIN STREET, CARMEL, IN 46032  
1-800-769-4321 • Fax (317) 571-5767  
E-mail: P&C@CreativeUnderwriters.com

## Commercial Package Application

Applicant's Name: \_\_\_\_\_  
 \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Agent Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

**PROPOSED EFFECTIVE/EXPIRATION DATES:**

From \_\_\_\_\_ To \_\_\_\_\_  
 12:01 A.M., Standard Time, at the address of the Applicant

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE."

1. **Applicant is:**  Individual  Corporation  Partnership  Joint Venture  Other (Specify): \_\_\_\_\_
2. **Number of years in business:** \_\_\_\_\_
3. **Describe all business operations conducted by applicant:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### PROPERTY SECTION

**4. Premises information:**

| Loc. No.     | Street, City, County, State, Zip Code                           | Interest         | Part Occupied |                                       |               |            |                    |
|--------------|---|------------------|---------------|---------------------------------------|---------------|------------|--------------------|
|              |   |                  |               |                                       |               |            |                    |
|              |   |                  |               |                                       |               |            |                    |
|              |   |                  |               |                                       |               |            |                    |
| Premises No. | Exposure  | Amount Requested | Coins. %      | ACV/Repl. Cost                        | Cause of Loss | Deductible | Special Conditions |
|              | Building  | \$               |               |                                       |               | \$         |                    |
|              | Contents  | \$               |               |                                       |               | \$         |                    |
|              | Business Interruption   | \$               |               |                                       |               | \$         |                    |
|              | Other   | \$               |               |                                       |               | \$         |                    |
| Bldg. No.    | Mortgagee or loss payee:  |                  |               |                                       |               |            |                    |
|              | Additional coverages, restrictions and endorsement information: |                  |               | Other carriers participating on risk: |               |            |                    |
|              |   |                  |               | 1. _____ %                            |               |            |                    |
|              |   |                  |               | 2. _____ %                            |               |            |                    |

- **Construction type:** \_\_\_\_\_
- **Protection class:** \_\_\_\_\_
- **Number of stories:** \_\_\_\_\_
- **Total square foot area:** \_\_\_\_\_
- **Total number of units:** \_\_\_\_\_
- **Sprinklered?**  Yes  No
- **Operable smoke detectors?**  Yes  No
- **Year built:** \_\_\_\_\_

- **Building remodeling (include year):**
- Wiring?  Yes  No Year: \_\_\_\_\_
- Heating?  Yes  No Year: \_\_\_\_\_
- Plumbing?  Yes  No Year: \_\_\_\_\_
- Roof?  Yes  No Year: \_\_\_\_\_
- **Burglar alarm type:**  Local  Central Station
- **Fire alarm type:**  Local  Central Station

**GENERAL LIABILITY SECTION**

5.

| Limits of Liability Requested                     |    | Premiums                            |
|---|----|-------------------------------------|
| General Aggregate                                 | \$ | Premises/Operations<br>\$           |
| Products & Completed Operations Aggregate         | \$ |                                     |
| Personal & Advertising Injury                     | \$ | Products/Completed Operations<br>\$ |
| Each Occurrence                                   | \$ |                                     |
| Fire Damage (any one fire)                        | \$ | Other<br>\$                         |
| Medical Expenses (any one person)                 | \$ |                                     |
| Other Coverages, Restrictions and/or Endorsements | \$ | Total<br>\$                         |
| <b>Deductible</b>                                 | \$ |                                     |

**Schedule of Hazards**

| Loc. No. | Classification | Class. Code | Premium Bases:<br>(s) Gross Sales; (p) Payroll;<br>(a) Area; (c) Total Cost;<br>(t) Others | Terr. | Rate       |                     | Premium    |                     |
|----------|----------------|-------------|--|-------|------------|---------------------|------------|---------------------|
|          |                |             |  |       | Prem./Ops. | Products/Comp. Ops. | Prem./Ops. | Products/Comp. Ops. |
|          |                |             |  |       |            |                     |            |                     |
|          |                |             |  |       |            |                     |            |                     |
|          |                |             |  |       |            |                     |            |                     |
|          |                |             |  |       |            |                     |            |                     |
|          |                |             |  |       |            |                     |            |                     |

6. Previous carrier and loss information (last three years):

Check if no losses last three years

| Year  | Company | Policy No. | Premium | Date of Loss  | Losses Paid/Reserved | Description of Loss |
|---|---------|------------|---------|---|----------------------|---------------------|
|   |         |            |         |   |                      |                     |
|   |         |            |         |   |                      |                     |
|   |         |            |         |   |                      |                     |
|   |         |            |         |   |                      |                     |
| Any other insurance with this company or being submitted?<br>(Please list name[s] and/or policy number[s]): |         |            |         | Any policy or coverage declined, cancelled or non-renewed during the prior three years? Why? (Not Applicable in Missouri) |                      |                     |
|   |         |            |         |   |                      |                     |
|   |         |            |         |   |                      |                     |

This application does not bind YOU nor US to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**APPLICABLE IN THE STATE OF NEW YORK:**

Any person who knowingly and with 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 not to exceed five thousand dollars and the stated value of the claim for each such violation.

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APPLICANT'S SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_

PRODUCER'S SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_

Agent Name: \_\_\_\_\_ Agent License Number: \_\_\_\_\_

**(Applicable to Florida Agents only.)**

IMPORTANT NOTICE

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