GUIDEONE INSURANCE
FAITHGUARD
SUPPLEMENTAL APPLICATION

1111 Ashworth Road
West Des Moines, IA 50265-3544

Account No.	Agent No.
Policy No.	Quote No.

This application attaches to and is made a comprised part of the Commercial Insurance Application.

Required:

- Complete this supplement application
- Completed ACORD applications for lines of business and coverages requested
- Complete other applicable supplements based upon exposures and optional coverages requested.
- Two pictures of each building (front and rear)
- Currently valued loss reports for the past 3 years from prior carrier(s)

Common Policy Information

1. First Named Insured: _____

2. Mailing Address: Street _____

City _____ State _____ Zip _____

3. Website: _____

E-mail: _____

4. Agency Name: _____

5. GAP ID: _____ Marketing Lead Source: _____

Specific denomination: _____

6. Is your organization: ☐ For profit ☐ Not for profit ☐ Government

7. Niche: **Church**

Predominate sub-niche: ☐ None ☐ Camp ☐ Day care/Pre-school ☐ Headquarters ☐ School K-12

8. Were all buildings originally designed and constructed for their present occupancy? ☐ Yes ☐ No

***If no**, do all buildings meet building codes for their current occupancy?* ☐ Yes ☐ No

9. Does your organization have any buildings under construction? ☐ Yes ☐ No

a. ***If yes**, is the contractor carrying the builders' risk coverage?* ☐ Yes ☐ No

***If no**, and builders' risk coverage is desired, please complete ACORD 140 and the Builders' Risk Supplemental Application.*

b. Provide 100% completed building value: $ _____

10. Average weekly worship service attendance: _____

11. Pay Plan: ☐ Annual ☐ Quarterly ☐ Monthly* (EFT Only) ☐ Semi-Annual

*Complete the "Authorization for EFT Monthly Bill Payment Plan" and "EFT Financial Account Information" forms.

12. Total number of employees (full and part time):

Loss History

(Required for all operations, when not submitting with ACORD 125 with Loss History completed) ☐ Check if None

Enter all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the last three years.

Total Losses: $

Date of occurrence	Type / description of occurrence or claim	Date of claim	Amount paid	Amount reserved	Claim open Yes / No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No

* All items with an asterisk require further explanation in the "Remarks" section.

Name of Applicant			
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Property Information						
Buildings With Property Coverage						
Complete one column for each building with property coverage.		**Location:**	**Building:**		**Location:**	**Building:**
1.	Green Upgrade:	☐ Yes	☐ No		☐ Yes	☐ No
2.	Hurricane / Wind/Hail Deductible or Exclusion: (when none is selected the property deductible will apply for this peril, subject to eligibility)	☐ Hurricane ☐ Wind/Hail	☐ None ☐ Exclude		☐ Hurricane ☐ Wind/Hail	☐ None ☐ Exclude
	Hurricane / Wind/Hail Deductible:	☐ 1%	☐ 2%	☐ 5%	☐ 1%	☐ 2% ☐ 5%
3.	Basement Square Feet:					
4.	Roof Type:	☐ Asphalt shingles ☐ Metal ☐ Tile (clay or concrete) ☐ Wood shingles/shake ☐ Slate ☐ Rubber ☐ Built up (rock, tar) ☐ Built up (non-ballasted) ☐ Other _____			☐ Asphalt shingles ☐ Metal ☐ Tile (clay or concrete) ☐ Wood shingles/shake ☐ Slate ☐ Rubber ☐ Built up (rock, tar) ☐ Built up (non-ballasted) ☐ Other _____	
5.	Year of last roof replacement					
6.	Is your building equipped with a functioning fire alarm system?	☐ Yes	☐ No		☐ Yes	☐ No
	a. ***If yes**, where does the fire alarm sound?*	☐ Local ☐ Central Station (24 hours) ☐ 911 Dispatch ☐ Other_____			☐ Local ☐ Central Station (24 hours) ☐ 911 Dispatch ☐ Other_____	
	b. Is fire alarm system activated by:	☐ Heat detectors ☐ Smoke detectors ☐ Manual pull stations			☐ Heat detectors ☐ Smoke detectors ☐ Manual pull stations	
7.	Are there any known structural concerns with the building?	☐ Yes	☐ No		☐ Yes	☐ No
8.	Is there a commercial kitchen in the building? ***If yes**, is your kitchen equipped with a broiler, deep fat fryer, griddle, grill, tilt skillet or wok?* ***If yes**, complete the Commercial Cooking Survey.*	☐ Yes ☐ Yes	☐ No ☐ No		☐ Yes ☐ Yes	☐ No ☐ No
9.	Does the electrical system include any of the following:	☐ Knob and Tube ☐ Fuse without fusestats ☐ Fuse ☐ Circuit Breaker			☐ Knob and Tube ☐ Fuse without fusestats ☐ Fuse ☐ Circuit Breaker	
10.	Year of last electrical system inspection by licensed electrician?					
11.	Does the primary heat source include any of the following	☐ Space heater ☐ Wood burning ☐ Forced Air ☐ Heat Pump ☐ None of the above			☐ Space heater ☐ Wood burning ☐ Forced Air ☐ Heat Pump ☐ None of the above	
12.	Are all scheduled buildings locked when not in use?	☐ Yes	☐ No		☐ Yes	☐ No
13.	☐ **Key Person Replacement Expenses**					
14.	☐ **Limited Flood Coverage** (Coverage is restricted in zones A and V)					
15.	**Special Observance Days:** Please select a maximum of five days. ☐ Christmas ☐ Hanukkah ☐ Lottie Moon ☐ Rosh Hashanah ☐ Thanksgiving ☐ Church Anniversary ☐ Kwanzaa ☐ Mother's Day ☐ Sukkoth ☐ Yom Kippur ☐ Easter ☐ Last Sunday of the Year ☐ Other:					

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Additional Liability – Special Operations or Events

Are any of the following exposures present? (check all that apply) ☐ None of the below

1. **Coverage may be excluded, or included with an additional charge:**
   - ☐ Armed security guards – employees/volunteers
     Number of armed security guards: _____ Total Annual Payroll $_____
   - ☐ Homeless shelter, ongoing (more than four times a year) Square footage used: _____
   - ☐ Ramps/jumps used for any activity (e.g. bmx biking, skateboarding)
   - ☐ Special event (over 1000 in attendance) – open to public
2. **Excluded: (indicate if these exposures exist)**
   ☐ Crisis Counseling ☐ Fireworks ☐ Rebounding equipment/trampoline

Optional Liability Coverages

1. ☐ **Cemetery Professional Liability Coverage** Number of burials and/or remains handled annually:_____
   Occurrence Limit $_____ Aggregate Limit $_____
2. ☐ **Counselors Liability Coverage**
   Number of licensed counselors: _____ Number of fee based counselors: _____
   Notes:
   - The Counselors Liability Supplemental Application must be submitted for quote or issue.
   - If a Counselor has both a license and charges a fee, please include within the fee based counseling only. Licensed ministers do not need to be included if they do not charge a fee, unless coverage is written on General Form.
3. ☐ **Directors and Officers Liability Coverage** (DO)
   ☐ Occurrence
   ☐ Claims-Made Retroactive Date: _____ Total Assets: $ _____
   Prior Coverage Trigger ☐ No prior coverage ☐ Occurrence ☐ Claims-Made Retroactive Date: _____
   Entry date into uninterrupted claims-made coverage: _____
   Occurrence Limit $_____ Aggregate Limit $_____
   Notes:
   - Coverage may be subject to the completed DO Supplemental Application. See the underwriting guidelines to determine when the DO Supplemental Application is required.
4. ☐ **Directors and Officers and Educators Legal Liability Coverage** (DO with EL)
   This is a claims-made coverage. Retroactive Date: _____
   Notes:
   - The DO and EL Supplemental Application must be completed and submitted for this coverage.
5. ☐ **Educators Management Liability Coverage** (EML including DO, EL and EP)
   This is a claims-made coverage. Retroactive Date: _____
   Note:
   - The EML Supplemental Application must be completed and submitted for this coverage.
6. ☐ **Employment Practices Liability Coverage** (EP)
   This is a claims-made coverage. Retroactive Date: _____
   Defense costs are included within the policy limits
   Limit: ☐ $100,000 ☐ $200,000 ☐ $250,000 ☐ $300,000 ☐ $500,000 ☐ $750,000 ☐ $1,000,000
   Retention: ☐ $0 ☐ $2,500 ☐ $5,000 ☐ $10,000
   Prior Coverage Trigger ☐ No prior coverage ☐ Occurrence ☐ Claims-Made Retroactive Date: _____
   Entry date into uninterrupted claims-made coverage: _____
   Notes:
   - Directors and Officers coverage is required in order to be eligible for this coverage.
   - Coverage may be subject to the completed EP Supplemental Application. See the underwriting guidelines to determine when the EP Supplemental Application is required.
7. ☐ **Faith Community Nurse Coverage** (Parish Nurse)
   Occurrence Limit $_____ Aggregate Limit $_____
   Number of nurses: _____ Faith Community Nurse designation: _____
8. ☐ **Lost Wages Coverage** ☐ $2,500 ☐ $5,000
9. ☐ **Religious Expression Coverage**
   Occurrence Limit $_____ Aggregate Limit $_____

* All items with an asterisk require further explanation in the "Remarks" section.

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Optional Liability Coverages (continued)

10. ☐ **Sexual Misconduct Coverage**

Notes:

- The Sexual Misconduct Supplemental Application must be completed and submitted for this coverage
- *This coverage is non-binding.*

Inland Marine

****Attach schedule for each coverage requested. Show location, description (model #, etc.) and value for each item.**

Unless otherwise indicated the deductible will be $500 for each coverage requested.

1. ☐ **Business Personal Property of Others**
Deductible: _____ Windstorm/Hail Deductible: _____ Hurricane Deductible: _____
Total Limit $ _____ ☐ Replacement Cost ☐ Actual Cash Value
Primary Location where property is located: _____

2. ☐ **Commercial Articles**
Deductible: _____ Windstorm/Hail Deductible: _____ Hurricane Deductible: _____
☐ Replacement Cost ☐ Actual Cash Value
☐ **Cameras and Related Equipment** **ACORD
Primary Location where property is located: _____
Total Limit $ _____
☐ **Musical Instruments and Related Equipment** **ACORD
Primary Location where property is located: _____
Type of instrument/equipment: Organs Total Limit $ _____ Other than Organs Total Limit $ _____

3. ☐ **Commercial Fine Arts** **ACORD
Deductible: _____ Windstorm/Hail Deductible: _____ Hurricane Deductible: _____
Primary Location where property is located: _____
Total Limit $ _____ ☐ Include Breakage

4. ☐ **Miscellaneous Articles** **ACORD
Deductible: _____ Windstorm/Hail Deductible: _____ Hurricane Deductible: _____
Primary Location where property is located: _____
Total Limit $ _____ ☐ Replacement Cost ☐ Actual Cash Value
☐ **Scheduled** **ACORD
☐ **Blanket** Limit per item $ _____ Total limit $ _____
Miscellaneous articles consisting principally of: _____

5. ☐ **Radio and Television Towers and Equipment**
Deductible: _____ Windstorm/Hail Deductible: _____ Hurricane Deductible: _____
Location : _____
Height: _____ Age: _____
☐ Maintenance program in effect ☐ Covered Property is in fenced area ☐ Lighting Protection is provided
☐ Radio and Television Towers Control Equipment Limit $ _____
☐ Radio and Television Transmitting and Receiving Equipment Limit $ _____
☐ Mobile Units Limit $ _____

6. ☐ **Watercraft** Deductible: _____ Windstorm/Hail Deductible: _____ Hurricane Deductible: _____
Primary Location where property is located: _____
☐ Replacement Cost ☐ Actual Cash Value

☐ Motorized Watercraft

Year	Manufacturer	Model	Registration Number	Horsepower	Length	Limit
						$

☐ Outboard Motors

Manufacturer	Model	Serial Number	Horsepower	Limit
				$

☐ Non-Motorized Watercraft

Manufacturer	Model	Serial Number	Length	Limit
				$

☐ Watercraft Trailer

Year	Manufacturer	Model	Serial Number	Length	Limit
					$

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Inland Marine (continued)

☐ Miscellaneous Watercraft Equipment and Accessories

Description: Limit $_____

7. Additional Coverages:

Accounts Receivable use ACORD 145 Signs use ACORD 144

Computer System use ACORD 148 Valuable Papers use ACORD 145

Remarks

(ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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INSURANCE FRAUD WARNING:
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.

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: 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 restitution, fines, or confinement in prison, or any combination thereof. *Applies in MD only.

Applicable in CO: 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: 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). *Applies in FL only.

Applicable in KS : Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: 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 material 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 to exceed five thousand dollars and the stated value of the claim for each such violation)*. * Applies in NY only.

Applicable in ME, TN, VA and WA: 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 and denial of insurance benefits. *Applies in ME only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

ACKNOWLEDGEMENT AND SIGNATURES:
The undersigned is an authorized representative of the applicant and represents that reasonable inquiry has been made to obtain the answers to questions on this application. He/she represents that the answers are true, correct and complete to the best of his/her knowledge.

APPLICANT MUST SIGN THIS APPLICATION IN ORDER FOR IT TO BE VALID

Authorized Applicant Representative			Date
Print Name		Title or Position	
Agent No.	Agency	Producer's Signature	License No.

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