



**FaithGuard**  
Profile of Coverage

1111 Ashworth Road • West Des Moines, Iowa 50265 – 3538

CPP or Quote No.: \_\_\_\_\_  
Proposed Effective \_\_\_\_\_  
Date: \_\_\_\_\_

**Insured and Agent Information**

Insured Name	_____				
Address	_____				
City	_____	State	_____	ZIP	_____
Web site:	_____	E-mail:	_____		
Agent	_____	Date	_____		

**COMMERCIAL PROPERTY COVERAGE**

**Specific Limits**

	Premises # Building #	Premises # Building #	Premises # Building #	Premises # Building #
Building	\$	\$	\$	\$
Replacement Cost				
Unlimited Glass				
Business Personal Property	\$	\$	\$	\$
Replacement Cost				
Green Upgrade Coverage				
(Green Upgrade Coverage: Max. of \$100,000 or 25% Increased Costs)				
Agreed Value				
Occupancy				

**Cause of Loss Form Applicable**

<input type="checkbox"/> Basic	<input type="checkbox"/> Excluding Theft
<input type="checkbox"/> Broad	
<input type="checkbox"/> Special Form	
<input type="checkbox"/> Including Theft	

**Other Property Provisions**

Coinsurance	<input type="checkbox"/> 90%	<input type="checkbox"/> 100%	Blanket (building and business personal property	\$ _____
*Deductible	\$ _____		*Other Than Special Deductibles	
Key Person Replacement Expenses:	<input type="checkbox"/> \$25,000			
Limited Flood Coverage:	<input type="checkbox"/> \$10,000 (Coverage is restricted in Zones A and V)			

**Special Deductibles and Exclusions**

Locations				
<input type="checkbox"/> Earthquake %				
<input type="checkbox"/> Earthquake Exclusion				
<input type="checkbox"/> Hurricane %				
<input type="checkbox"/> Hurricane Exclusion				
<input type="checkbox"/> Wind/Hail %				
<input type="checkbox"/> Wind/Hail Exclusion				

**COMMERCIAL GENERAL LIABILITY COVERAGE**

**Limits of Insurance**

General Aggregate Limit (other than Products – Completed Ops.)	\$ _____	
Products – Completed Operations Aggregate Limit	\$ _____	
Personal and Advertising Injury Limit	\$ _____	Any one person or organization
Each Occurrence Limit	\$ _____	
Damage to Premises Rented To You Limit:	\$ _____	Any one fire
Medical Expense Limit	\$ _____	Any one person

**Medical Expense Payments (subject to the Medical Expense Limit)**

Provided regardless of fault, for Members, Guests, Volunteer Workers and Campers
Primary Coverage for Operations and Activities, On and Off Premises (excluding Athletic Activities)
Excess Coverage for Athletic Activities
Loss of Life (pays additional payment of \$10,000 per person within 1 year of accident)

**Optional Liability Coverages**

	Limits of Insurance	Retro Date
Directors and Officers Liability	\$ _____ Deductible \$2,500	_____
Non-Owned and Hired Auto – Excess Coverage	\$ _____	
Employee Benefits Liability	\$ _____	
Exposure Basis:	_____ Employees	
Educators Legal Liability	\$ _____ Deductible \$1,000	_____
Exposure Basis:	_____ Students	
Sexual Misconduct	\$ _____ / \$ _____ Occurrence Aggregate	_____
Employment Practices Liability	\$ _____ Retention \$ _____	_____
Exposure Basis:	_____ Employees	
Counselors Liability Coverage	\$ _____	
Lost Wages Coverage	\$ _____	

**OTHER COVERAGES**

**Commercial Inland Marine Coverage**

	<b>Limits of Insurance</b>
Signs (Neon and Electric)	\$ _____
Maintenance Equipment Endorsement	\$ _____
Fine Arts (articles of rare and historic value)	\$ _____
Ministers' Business Property	\$ _____
Musical Instruments	\$ _____
Photographic Equipment	\$ _____
Scheduled Property	\$ _____
Data Processing Equipment	\$ _____

**Commercial Crime Coverage**

	<b>Limits of Insurance</b>
Church Theft Coverage – Fourth Day Double Money Coverage	
<input type="checkbox"/> Blanket Theft – Including Money and Securities	\$ _____
<input type="checkbox"/> Blanket Theft – Excluding Money and Securities	\$ _____
<input type="checkbox"/> Money and Securities Only	\$ _____
<input type="checkbox"/> Specified Articles Theft, Disappearance & Destruction (Money & Securities)	\$ _____
Church Fidelity Bond \$1,000 Limit	No Deductible
Optional Limits	No Deductible
Employee Dishonesty	\$ _____
Forgery and Alteration	\$ _____
Theft, Disappearance and Destruction (of Money and Securities)	\$ _____
Inside \$	\$ _____
Outside \$	\$ _____

**Terrorism**

<input type="checkbox"/> Certified Acts
<input type="checkbox"/> Other Acts
<input type="checkbox"/> Excluded

**Note:** The Terrorism Risk Insurance Act of 2002 requires that the availability of Terrorism Coverage be disclosed to the Insured. Please attach the disclosure notices provided by GuideOne to this "Profile of Coverage."

**Other Coverage Not Listed Above**

Coverage	Limits of Insurance	Premium
	\$	\$
	\$	\$
	\$	\$
	\$	\$

**Business Automobile**

Coverage		Limits of Insurance	
Liability		\$	
Medical Payments		\$	
PIP		\$	
Uninsured Motorists		\$	
Underinsured Motorists		\$	
Comprehensive		\$	
Collision		\$	
Endorsements:		\$	
		\$	
		\$	
Vehicles		Deductibles	
		Comp	Coll
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

**Umbrella**

Coverage		Limits of Insurance	
Occurrence		\$	
Aggregate		\$	
Self Insured Retention		\$2,500	
		\$	
		\$	
		\$	

**Workers Compensation**

		Comments
Employers Liability Limits		
Classification	Estimated Payroll	

**Premium Summary**

Commercial Package Policy Total	\$ _____
Commercial Property	\$ _____
Commercial General Liability	\$ _____
Workers' Compensation	\$ _____
Commercial Umbrella	\$ _____
Business Auto Policy	\$ _____
Other: _____	\$ _____
Total Annual Premium	\$ _____

Please return the completed form to [help@ca-insurance.com](mailto:help@ca-insurance.com) or fax to 408-922-0700, if you have questions please call 408-922-0600.

## FaithGuard Includes These Important Coverages

### Property Coverages Included

The Extra Property Coverages included in the Basic, Broad, and Special Policies include:

- \$2,000,000 Newly Acquired or Constructed Property (180 days)
- \$25,000 Personal Property Excess Coverage for Ministers and for Personal Property of Others in your house of worship at replacement cost
  - \$2,500 Personal Effects and Property of Others Off-premises
- \$50,000 Valuable Papers and Records, Cost of Research (other than Electronic Data)
- \$5,000 Electronic Data – replace or restore
- \$10,000 Leasehold Interest and Lease Cancellation Moving Expenses
- Ordinance or Law:
  - \$350,000 Value of Undamaged Portions of the building that must be demolished
  - \$350,000 Demolition Costs and Debris Removal for undamaged buildings
  - \$250,000 Increased Cost of Construction
- \$50,000 Appurtenant Buildings and Property in the Open
- \$50,000 Property Off-Premises, including Property In-Transit
- \$25,000 Total for Trees, Shrubs, Plants and Lawns; up to \$2,500 per item
- Indirect Loss - \$100,000 for any one or combination of the following:
  - Business Income including Rental Value
  - Extra Expense
  - Tuition Fees
  - Emergency Evacuation including Civil Authority
  - Civil Authority
  - Alternations and New Buildings
  - Violent Incident
- \$15,000 Outdoor Signs
- \$10,000 Lock Repair or Replacement
- \$15,000 Information Reward: Arson, Theft, and Vandalism
- Vacant Staff Dwelling – no time limit
- Sewer, Drain Backup, or Sump Backup or Overflow
- Actual cost for Fire Department Service Charge
- \$25,000 Pollutant Cleanup and Removal
- Debris Removal included in Building Limit (25% maximum), \$25,000 Additional Available Limit
- \$15,000 Radio, Television Antennas and Satellite Dishes
- \$10,000 Fire Extinguisher and Automatic Fire Suppression Recharge – Blanket Insurance
- \$25,000 Refrigerated Products Loss
- \$10,000 Earthquake Sprinkler Leakage
- \$10,000 Utility Services – Direct Damage
- \$10,000 Utility Services – Time Element
- \$5,000 Non-owned and Detached Trailers
- \$15,000 Limited property coverage for Fungus, Wet Rot, Dry Rot and Bacteria
- \$10,000 Maintenance Equipment Coverage
- \$5,000 Automated External Defibrillator Coverage
- \$50,000 Accounts Receivable Coverage
- \$10,000 Fire and Security Alarm System Upgrade

### Equipment Breakdown Coverage

This provides coverage for direct physical damage resulting from mechanical breakdown, artificially generated electric current, steam explosion, or other loss or damage to steam and water heating equipment. Also included:

- Expediting Expense - \$50,000
- Hazardous Substances - \$50,000
- Spoilage - \$100,000
- Data Restoration - \$50,000
- Animals - \$50,000
- Service Interruption (up to the limit of Business Income and Extra Expense coverage)

### Liability Coverages Included

- Who Is An Insured – extended to include:
  - Volunteer Workers and Donated Labor
  - Your Members
  - Your Minister, Board or Council Members, Trustees or Officials, Sunday School Superintendents or Teachers
  - Any Church Organization authorized and controlled by you
  - Your School Nurse & Student Nurses while acting within the scope of their duties
- Worldwide coverage
- Defense costs – including Court Costs and Attorney's Fees
- Newly-Acquired and Formed Organizations
- Incidental Host Liquor
- Incidental Medical Malpractice, including use of Defibrillators
- Watercraft Liability if non-owned, any length
- Violent Incident Response Coverage (up to \$300,000)
- Legal Expense Reimbursement Coverage (up to \$15,000 occ/\$45,000 agg)
- Bail bonds (up to \$1,000)
- Loss of Earnings while in Trial (up to \$500 daily)
- Product Recall Expenses (up to \$25,000)
- Damage to Property of Others (up to \$1,000)
- Ministers Counseling (spiritual) including: Lay Employees, Volunteers, Counselors in Training, and School Counselors. Excludes finance or tax law, investments, insurance, and charitable contributions advice.
- Automatic Additional Insured status for: Lessor of Land; State or Political Subdivision; Mortgagee, Assignee, or Receiver; and Co-owners of premises.

### Availability

This Profile outlines coverage available from the Company. Some coverages may not be available in all states. Your actual policy determines exclusions, conditions, and limitations on coverages.



1111 Ashworth Road  
West Des Moines, IA 50265-3544

- FaithGuard Application    Agent Number: \_\_\_\_\_  
 General Application

HOME OFFICE USE ONLY	
Policy No. _____	Policy Type _____
Original Date _____	Premium Received \$ _____
Account No. _____	Denomination Code _____

### DIRECTIONS TO THE AGENTS

**REQUIRED:** 2 pictures of each building (front and rear), a current copy of the three year loss run, a diagram showing distances between buildings, and a current copy of the cost guide estimate for each building.

1. Quote needed by \_\_\_\_\_

2.  This coverage is bound (money and copy of binder must be attached)

3. Indicate additional policies requested and attach application(s):  Business Auto     Umbrella     Workers' Compensation

### COMMON POLICY INFORMATION

1. Issue effective \_\_\_\_\_      Expiration \_\_\_\_\_

2. Remittance with app \$ \_\_\_\_\_      Pay Mode: \_\_\_\_\_

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

3. First Named Insured and other Named Insureds \_\_\_\_\_

4. Mailing Address: Street \_\_\_\_\_  
City \_\_\_\_\_      State \_\_\_\_\_      Zip \_\_\_\_\_  
Web site \_\_\_\_\_      E-mail \_\_\_\_\_  
Phone Number \_\_\_\_\_

5. Insured FEIN \_\_\_\_\_

6. Insured is:

7.  Insured has filed for bankruptcy.

8.  Insured is a for-profit organization.

9. Average Weekly Attendance \_\_\_\_\_      Number of Employees \_\_\_\_\_

10. Specific Denomination \_\_\_\_\_

11. Operation (Check all that apply):  Church     Office     Headquarters     Day Care     School     Camp     Other

12. **MISSOURI APPLICANTS – do not answer this question. Any application received for a Missouri applicant that has this question answered will have to be returned as it can no longer be accepted due to the state law.**

a. Has the insured had any coverage declined or non-renewed within the last 3 years?  Yes     No  
If "yes," explain \_\_\_\_\_

b. Enter all claims from the past three years or attach loss runs from previous carrier

DATE OF LOSS	POLICY TYPE	DESCRIPTION OF LOSS	AMOUNT PAID

13. Prior Carrier Information

NAME OF CARRIER	RENEWAL DATE	NO. OF YEARS	POLICY TYPE	ANNUAL PREMIUM

**COMMERCIAL PROPERTY COVERAGE PART**

1. Deductible: \$500 unless indicated otherwise Blanket Coverage — Limit \$ \_\_\_\_\_  
 Coinsurance: 90 % unless indicated otherwise  100%  
 Cause of Loss:
2. Glass Coverage: All Glass coverage automatically included in policies  
 No Glass Coverage (Contents Only Policies)
3. Time Element Coverages:  
 Business Income:  With Extra Expense \$ \_\_\_\_\_ Coinsurance  
 Include Tuition Fees:  
 Without Extra Expense \$ \_\_\_\_\_ Coinsurance  
 Include Tuition Fees:  
 Business Income Including Rental Value  Business Income other than Rental Value  Rental Value  
 Extra Expense Only \$ \_\_\_\_\_ Limits of Loss Payment
- If coverage is not blanketed, please provide specific schedule.
4. Key Person Replacement Expenses:  \$25,000
5. Limited Flood Coverage:  \$10,000 (Coverage not available in Zones A and V)
- Note: Coverage is not available if the insured is currently experiencing flooding or is in immediate peril of flooding.**

**COMMERCIAL PROPERTY COVERAGE PART BUILDING SCHEDULE**

1.

	PREMISES ADDRESS	CITY	STATE	ZIP
1				
2				
3				
4				

2. Building and Personal Property – Limits and Rating Information

Values:	1. Risk No. Premises No. Bldg. No.	2. Risk No. Premises No. Bldg. No.	3. Risk No. Premises No. Bldg. No.	4. Risk No. Premises No. Bldg. No.
Building	\$	\$	\$	\$
Personal Property	\$	\$	\$	\$
Replacement Value	<input type="checkbox"/> Bldg <input type="checkbox"/> Pers. Prop.	<input type="checkbox"/> Bldg <input type="checkbox"/> Pers. Prop.	<input type="checkbox"/> Bldg <input type="checkbox"/> Pers. Prop.	<input type="checkbox"/> Bldg <input type="checkbox"/> Pers. Prop.
Actual Cash Value	<input type="checkbox"/> Bldg <input type="checkbox"/> Pers. Prop.	<input type="checkbox"/> Bldg <input type="checkbox"/> Pers. Prop.	<input type="checkbox"/> Bldg <input type="checkbox"/> Pers. Prop.	<input type="checkbox"/> Bldg <input type="checkbox"/> Pers. Prop.
Inflation Protection	<input type="checkbox"/> Bldg <input type="checkbox"/> Pers. Prop.	<input type="checkbox"/> Bldg <input type="checkbox"/> Pers. Prop.	<input type="checkbox"/> Bldg <input type="checkbox"/> Pers. Prop.	<input type="checkbox"/> Bldg <input type="checkbox"/> Pers. Prop.
Agreed Value	<input type="checkbox"/> Bldg <input type="checkbox"/> Pers. Prop.	<input type="checkbox"/> Bldg <input type="checkbox"/> Pers. Prop.	<input type="checkbox"/> Bldg <input type="checkbox"/> Pers. Prop.	<input type="checkbox"/> Bldg <input type="checkbox"/> Pers. Prop.
Green Upgrade Coverage	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Construction Type				
Year of Construction				
Occupancy				
Protection Class				
County				
Feet to Hydrant				
Miles to Fire Dept.				
Inside City Limits	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



## INSTITUTIONAL PROPERTY SURVEY

### BUILDING INFORMATION

	1. Premises No. Bldg. No.	2. Premises No. Bldg. No.	3. Premises No. Bldg. No.	4. Premises No. Bldg. No.
Area: Ground Floor/Total Bldg. Sq. Ft.	/	/	/	/
Basement Square Footage				
Number of Stories				
Type of Heating System				
Electrical System				
Date of last electrical system inspection by licensed electrician				
Type of Roof				
Date of last roof replacement				
Are there known structural concerns with the building? If "yes," explain in notes section below.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Servicing of Extinguishers Annually	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sprinkler System				
Masonry Bell Tower If "yes," answer questions from the Bell Tower Questionnaire.	<input type="checkbox"/> Yes <input type="checkbox"/> No <b><u>Bell Tower Questionnaire</u></b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <b><u>Bell Tower Questionnaire</u></b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <b><u>Bell Tower Questionnaire</u></b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <b><u>Bell Tower Questionnaire</u></b>
Is your kitchen equipped with a deep fat fryer, wok, broiler, griddle, or flat top grills? If "yes," answer questions from the Commercial Cooking Survey.	<input type="checkbox"/> Yes <input type="checkbox"/> No <b><u>Commercial Cooking Survey</u></b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <b><u>Commercial Cooking Survey</u></b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <b><u>Commercial Cooking Survey</u></b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <b><u>Commercial Cooking Survey</u></b>
Alarms: Smoke Detectors on each floor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pull Alarms				
Central Detectors				
Burglar Alarms				
Responding company	Name: _____ Phone: _____			
Building locked when not in use	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Building is converted dwelling? If "yes," explain in notes section.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

### GENERAL INFORMATION

Building on Historical Register	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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NOTES:

**COMMERCIAL PROPERTY COVERAGE PART**

Total Number of Mortgagees \_\_\_\_\_ If more than two, complete schedule.

Premises No. \_\_\_\_\_ Bldg. No. \_\_\_\_\_ Loan # \_\_\_\_\_

Name and Address: \_\_\_\_\_

Premises No. \_\_\_\_\_ Bldg. No. \_\_\_\_\_ Loan # \_\_\_\_\_

Name and Address: \_\_\_\_\_

Loss Payee (leased equipment/property):

Premises No. \_\_\_\_\_ Bldg. No. \_\_\_\_\_ Ref/Loan # \_\_\_\_\_

Name and Address: \_\_\_\_\_

Description of Leased Equipment/Property: \_\_\_\_\_

**LIABILITY COVERAGE PART**

1. Limits of Insurance (Occ./Agg.):
- Damage to Premises Rented To You Limit: Occurrence Limit is equal to General Liability occurrence limit
- Medical Expense Limit per accident:
- Lost Wages:

2. Schedule of Exposures

PREM	BLDG	CLASSIFICATION (DESCRIPTION)	CLASS CODE	EXPOSURE	PREMIUM BASIS

Additional Interest / Certificate Recipient

NAME	ADDRESS	INTEREST TO APPLICANT

Lessor's Risk – Space Rented To Others

NAME	ADDRESS	OCCUPANCY	SQUARE FEET LEASED OUT	NUMBER OF TIMES USED PER YEAR

Are Certificates of Insurance Required?  Yes  No

3. Swimming Pool  Yes  No If swimming pools are present, answer the following questions.

Quantity \_\_\_\_\_

Pool is fenced and locked when not in use  Yes  No Pool depth is marked  Yes  No

Diving boards present  Yes  No Swimming allowed without a lifeguard on duty  Yes  No

4. Does the applicant have any trampolines or rebounding equipment owned or used?  Yes  No

**LIABILITY COVERAGE PART** continued on next page

**LIABILITY COVERAGE PART continued**

5. Does the applicant use security personnel?  Yes  No

Employed by the insured?  Yes  No

Contracted security personnel?  Yes  No

If contracted security is used, are certificates required and kept on file?  Yes  No

Number of armed security \_\_\_\_\_ Frequency of armed security used \_\_\_\_\_

Total annual payroll of all armed guards \_\_\_\_\_

Number of unarmed security \_\_\_\_\_ Frequency of unarmed security \_\_\_\_\_

**Special Operations or Events – Check ALL that apply:**

<input type="checkbox"/> Animals: riding/owned	<input type="checkbox"/> Climbing Wall	<input type="checkbox"/> Martial Arts
<input type="checkbox"/> Auto Repair	<input type="checkbox"/> Counseling – Alcohol	<input type="checkbox"/> Skateboarding Ramp
<input type="checkbox"/> Bounce House	<input type="checkbox"/> Counseling – Drug	<input type="checkbox"/> Soup Kitchen, ongoing
<input type="checkbox"/> Broadcasting - Radio	<input type="checkbox"/> Fireworks	<input type="checkbox"/> Trampoline
<input type="checkbox"/> Broadcasting - TV	<input type="checkbox"/> Haunted House	<input type="checkbox"/> Other:
<input type="checkbox"/> Building(s) is/are under const.	<input type="checkbox"/> Homeless Shelter	

Please describe all indicated operations or activities:

Is Builder's Risk coverage desired?  Yes  No

If "yes," fill out the **Builder's Risk Supplemental Application**.

6. Do you own a cemetery/columbarium?  Yes  No

If "yes," is the cemetery/columbarium located adjacent to an owned location?  Yes  No

If the cemetery/columbarium is not adjacent to an owned location, please provide:

Cemetery/Columbarium Address: \_\_\_\_\_

Number of Acres: \_\_\_\_\_

7. OPTIONAL COVERAGES: Check the box if you desire this coverage.

Directors and Officers Liability Coverage.

Occurrence

**NOTE:** Limits match occ/agg general liability limits

Claims-made:

Asset Size: \_\_\_\_\_

Retro Date: \_\_\_\_\_ (mm/dd/yyyy) +++

**NOTE:** Claims-made coverage is non-binding subject to completion of the **D&O Liability Supplemental Application**.

Does the applicant currently carry Claims-made Directors and Officers Liability Coverage and is now requesting Occurrence?  Yes  No

If "yes," Retro Coverage will be added for the initial policy term.

**LIABILITY COVERAGE PART** continued on next page

**LIABILITY COVERAGE PART continued**

Employment Practices Liability (Occurrence/Aggregate)

Limits of Insurance:

Total number of employees: \_\_\_\_\_

**NOTE:** Coverage greater than \$500,000 or 25 employees is non-binding subject to approval of the **EPL Supplemental Application**.

Retention \$0 unless otherwise indicated:

Retro Date: \_\_\_\_\_ (mm/dd/yyyy) +++

Are there any interruptions of claims-made coverage from the proposed retroactive date?  Yes  No

If "yes," submit written details including the dates of such interruptions.

Employee Benefits Liability Coverage

Counselors Liability Coverage:

Total Number of Counselors: \_\_\_\_\_

Number of Non-Licensed Counselors: \_\_\_\_\_

Number of Licensed Counselors other than ministers: \_\_\_\_\_

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 total 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.

Hired and Non-Owned Automobile Liability



1111 Ashworth Road  
West Des Moines, IA 50265-3544

AGENT INSTRUCTIONS	
Complete this box when using this page as a "supplemental" application.	
Policy No. _____	Effective Date _____
Name Insured _____	
Agent # _____	

**SEXUAL MISCONDUCT LIABILITY**

Limits of Insurance (Occ/Agg):  Occurrence  Claims-Made

\*This coverage is non-binding.

**CLAIMS-MADE COVERAGE**

- Retroactive Date: \_\_\_\_\_ (mm/dd/yyyy) +++
- Are there any interruptions of claims-made coverage from the proposed retroactive date?  Yes  No  
If "yes," submit written details including the dates of such interruptions.
- Are any claims pending of which you or any ++authorized person are aware?  Yes  No  
If "yes," submit a detailed explanation.
- Are there any incidents or circumstances known to you or any ++authorized person, that have not yet been reported to the prior carrier, and for which there is a reason to believe that such incident or circumstance may give rise to a future claim under the proposed coverage?  
 Yes  No  
If "yes," submit a detailed explanation.

+++ Retro dates on claims-made Sexual Misconduct coverage will match the policy effective date. Refer requests for a retro date prior to the policy effective date to the underwriter for review.

**IF COVERAGE IS DESIRED, THE SUPPLEMENTAL SEXUAL MISCONDUCT QUESTIONNAIRE MUST BE COMPLETED AND SIGNED, OTHERWISE THE POLICY WILL BE ISSUED WITHOUT MISCONDUCT COVERAGE.**

- Does your organization 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 "no," would you be willing to implement a policy that includes employee/volunteer screening, risk management and claims response programs if the materials for setting this up were provided to you?  Yes  No
- Are all employees, and those volunteers involved with any activity involving a minor (anyone under the age of 18), required to sign a release from which you keep on file that allows you to request a criminal background check?  Yes  No
- Do you conduct criminal background and reference checks on employees and volunteers?  Yes  No
  - If "yes," **check all that apply for employees and all that apply for volunteers.** For purposes of this question, a volunteer is anyone involved in a Day Care or School, or overnight activity involving minors, counseling of minors, or one-on-one mentoring of minors.

For employees we conduct:	For volunteers we conduct:
<input type="checkbox"/> Nationwide criminal background checks on ALL employees	<input type="checkbox"/> Nationwide criminal background checks
<input type="checkbox"/> Reference checks* on ALL employees	<input type="checkbox"/> Statewide criminal or statewide sexual offender background checks
<input type="checkbox"/> No criminal background checks on employees	<input type="checkbox"/> Reference checks* on volunteers
<input type="checkbox"/> No reference checks* on employees	<input type="checkbox"/> No criminal background checks on volunteers
<input type="checkbox"/> Other:	<input type="checkbox"/> No reference checks* on volunteers
	<input type="checkbox"/> Other:

\* The reference check includes contacting, at a minimum, two organizations in which the applicant has worked with minors in the past e.g. other churches, scouts, etc.

SEXUAL MISCONDUCT LIABILITY continued on next page

**SEXUAL MISCONDUCT LIABILITY continued**

- 4. Do you require that all volunteer be involved with your organization for at least six months before they are allowed in any position involving contact with minors?  Yes  No
- 5. Do you require that no minor is ever alone with only one adult on church premises or in any church-sponsored activity unless in a counseling situation?  Yes  No
- 6. Do you have a written response program in the event that a sexual misconduct event occurs?  Yes  No
- 7. Have you or any of your representatives ever submitted a claim for sexual misconduct liability to any insurer? If "yes," submit a detailed written explanation of the event.  Yes  No
- 8. Have any of your past or present ministers, employees, or volunteers ever been accused, charged, convicted, had a claim for damages submitted against, or sued in civil court for any type of sexual misconduct? If "yes," identify the person and submit a detailed written account.  Yes  No
- 9. Have you or any of your representatives ever received a complaint alleging sexual misconduct against any of your ministers, employees, or volunteers, even if no claim were ever submitted. If "yes," submit a detailed written explanation.  Yes  No
- 10. Have you or any of your representatives ever received a report, or investigated any event of alleged sexual misconduct against any of your ministers, employees, or volunteers, even if no claim was ever submitted? If "yes," submit a detailed written account.  Yes  No
- 11. Do you or any of your representatives have any investigation or inquiry pending at the time of this application, or knowledge of any information which may lead to an investigation or inquiry, regarding an event or occurrence of sexual misconduct involving you, or your officers, directors, trustees, elders, ministers, employees, or volunteers? If "yes," submit a detailed written explanation.  Yes  No
- 12. Has your insurance agent explained the GuideOne requirements for carrying Sexual Misconduct coverage at these limits and, if you are not currently in compliance, will you be working on a written plan that will incorporate all of the requirements so that they can be implemented within the next 6 months? (GuideOne may require a copy of your written plan for their file. Failure to provide evidence of compliance will result in a reduction in Sexual Misconduct coverage.)  Yes  No

THE APPLICANT ACKNOWLEDGES THAT THE FOREGOING DISCLOSURES AND REPRESENTATIONS ARE DEEMED TO BE MATERIAL, AND THAT GUIDEONE INSURANCE IS RELYING UPON THE ACCURACY AND COMPLETENESS OF SAID DISCLOSURES AND REPRESENTATIONS IN REACHING A DECISION TO ISSUE SEXUAL MISCONDUCT LIABILITY COVERAGE TO THE APPLICANT. THIS SUPPLEMENTAL APPLICATION IMPOSES AN AFFIRMATIVE DUTY TO MAKE FULL AND FAIR DISCLOSURES UPON THE APPLICANT. THE INSURED IS OBLIGATED TO REPORT ANY CHANGES IN ANY OF THE FOREGOING RESPONSES TO THE COMPANY.

---

Authorized Person ++

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Print name and title or position e.g. Pastor or Board Member

---

Date

++ Authorized person means any employee that is elected, appointed or authorized to give or receive notice of a claim, offense, incident, or circumstance.

### COMMERCIAL CRIME COVERAGE PART

Select either Church Theft **or** Crime Coverage

Church Theft – Deductible - \$500 unless indicated otherwise:

Money and Securities Only \$ \_\_\_\_\_ (Limit)

Blanket Excluding Money and Securities \$ \_\_\_\_\_ (Limit)

Blanket Including Money and Securities \$ \_\_\_\_\_ (Limit)

If \$25,000 or more is entered in any blank, fill out the Institutional Crime Survey below.

Name of Fourth Day \_\_\_\_\_

Crime Coverage – Theft, Disappearance, and Destruction (Form C)

Deductible - \$500 unless indicated otherwise:

Inside Limit \$ \_\_\_\_\_ Outside Limit \$ \_\_\_\_\_ Other Limit \$ \_\_\_\_\_

If \$25,000 or more is entered in any blank, fill out the Institutional Crime Survey below.

Select either Church Fidelity Bond Coverage **or** Bond Coverage

Church Fidelity Bond Coverage \$ \_\_\_\_\_ (Limit - \$10,000 maximum – no deductible)

Bond Coverage

Employee Dishonesty Blanket (Form A) \$ \_\_\_\_\_ (Limit) \$ \_\_\_\_\_ (Deductible)

Forgery and Alteration (Form B) \$ \_\_\_\_\_ (Limit) \$ \_\_\_\_\_ (Deductible)

### INSTITUTIONAL CRIME SURVEY

Complete the Institutional Crime Survey for limits in excess of \$25,000

1. Is an audit performed?  Yes  No

If so, who performs the audit?  CPA  Public Accountant  Staff  Other \_\_\_\_\_

If so, how often is the audit performed?  Annual  Semi-Annual  Quarterly  Other \_\_\_\_\_

If so, does the audit include inventory?  Yes  No

If so, to whom is the audit report rendered?  Owner  Partner  Board of Directors  Other \_\_\_\_\_

2. Are bank accounts reconciled by someone not authorized to deposit or withdrawal?  Yes  No

3. Is countersignature of checks required?  Yes  No

If "yes," who (position) signs the checks? \_\_\_\_\_

4. Will securities be subject to joint control of two or more responsible employees?  Yes  No  N/A

### INLAND MARINE COVERAGE PART

Attach schedule for each coverage indicated. Show Location, Description (model #, etc.) and Value for each item.

Ded. \$500 unless indicated otherwise \$ \_\_\_\_\_ Maintenance Equipment Coverage \$ \_\_\_\_\_

Musical Instruments \$ \_\_\_\_\_ Ministers' Business Property Coverage \$ \_\_\_\_\_

Photographic Equipment \$ \_\_\_\_\_  Replacement Cost  Actual Cash Value

Fine Arts \$ \_\_\_\_\_ Scheduled Property Endorsement \$ \_\_\_\_\_

Blanket Coverage for Fine Arts \$ \_\_\_\_\_ Other:

Breakage Coverage for Fine Arts \$ \_\_\_\_\_

Data Processing Equipment Coverage \$ \_\_\_\_\_

**DAY CARE INFORMATION (INCLUDING PRESCHOOL)**

**A. GENERAL INFORMATION**

YES NO

1.   Is the Day Care run by the insured? If "no," please explain. \_\_\_\_\_
2.   Square footage of the building area used: \_\_\_\_\_
3.   Appropriate licensing requirements are met (e.g., state, county, city, etc.)
4.   Day care is provided in a residence.
5. What are the days and hours of operation? \_\_\_\_\_
6. 

AGE GROUP	ADULT/CHILD RATIO	AGE GROUP	ADULT/CHILD RATIO
Two weeks to 2 years	_____	5-10 years	_____
2 years	_____	10+ years	_____
3 years	_____	Adult Day Care	_____
4 years	_____		
7. Total number of children on premises at any given time: \_\_\_\_\_

**B. SAFETY INFORMATION**

YES NO

1.   A written policy outlining the entity's fire protection program exists and routine fire drills are performed.
2.   Emergency evacuation procedures are in effect (tornado, earthquake, etc.).
3.   Strictly enforced guidelines are in effect for the authorized pick-up of children.
4.   Electrical outlets have cover protectors.
5.   Properly functioning UL-listed smoke detectors are installed in each room.
6.   Properly functioning Carbon Monoxide (CO) detectors are installed.

**C. MEDICAL PRACTICES**

YES NO

1.   Medicines are kept in appropriately locked cabinets; procedures for their distribution are in place.
2.   Record of injuries and action taken exists.
3.   Parents sign permission slips authorizing emergency medical transportation or treatment.
4.   Two on-duty staff members are certified in CPR and First Aid.

**D. PERSONNEL INFORMATION**

YES NO

1.   Written employment practices exist.
2.   Corporal punishment is administered.

**E. OPTIONAL COVERAGE**

YES NO

1.   Day Care Medical
2.   Directors and Officers Including Educators Legal Liability. Retro Date: \_\_\_\_\_ (mm/dd/yyyy) +++

**NOTE:** Coverage is claims-made and non-binding subject to completion of the **D&O/ELL Supplemental Application**.

+++ Retro dates on claims-made coverage options will match the policy effective date unless a retro date is listed on the application. Retro dates over three years old should be referred to the underwriter for approval.



## SCHOOL INFORMATION

### A. GENERAL INFORMATION

1. Number of Students (K-8) \_\_\_\_\_ (9-12) \_\_\_\_\_  
Number of Teachers (K-8) \_\_\_\_\_ (9-12) \_\_\_\_\_

Check all that apply:

2.  School is accredited (list accrediting organization: \_\_\_\_\_)
3.  Teachers have four year teaching degrees
4.  Teachers have four year degrees and are state certified
5.  The school has been in operation for a minimum of 10 years.
6.  Maximum student to teacher ratio is 25 to 1.
7.  Appropriate Fire Marshall Inspection Report and evidence of any required remediation are on file.
8. Exposure is:
9. Additional School Care:
- Before and/or After School Care (total number of children): \_\_\_\_\_
- Summer Day Camp Programs (total number of children): \_\_\_\_\_
10. Are there dormitories or residence halls?  Yes  No
11. Are there outdoor bleachers or grandstands?  Yes  No  
Number: \_\_\_\_\_ Capacity of each: \_\_\_\_\_

### B. COURSE AND ACTIVITIES INFORMATION (CHECK ALL THAT APPLY)

1. Activities or classes conducted or sponsored by school (Check all that apply):
- |  |   |                                       |  |
|--|---|---------------------------------------|--|
| <input type="checkbox"/> Archery           | <input type="checkbox"/> Gymnastics                   | <input type="checkbox"/> Riflery      | <input type="checkbox"/> Snow Skiing                 |
| <input type="checkbox"/> Auto Repair       | <input type="checkbox"/> Horseback Riding             | <input type="checkbox"/> Scuba Diving | <input type="checkbox"/> Swimming                    |
| <input type="checkbox"/> Driver's Training | <input type="checkbox"/> Mountain Climbing/Rappelling |                                       | <input type="checkbox"/> Shop Class with Power Tools |
| <input type="checkbox"/> Other: _____      |   |                                       |  |
2. Sports offerings – Interscholastic/Intramural (Check all that apply):  
Indicate Number of Students Participating beside each selected checkbox
- |  |  |                                   |  |
|--|--|-----------------------------------|--|
| <input type="checkbox"/> Basketball        | <input type="checkbox"/> Field or Ice Hockey | <input type="checkbox"/> Lacrosse | <input type="checkbox"/> Track/Cross Country |
| <input type="checkbox"/> Baseball/Softball | <input type="checkbox"/> Football            | <input type="checkbox"/> Soccer   | <input type="checkbox"/> Volleyball          |
| <input type="checkbox"/> Diving            | <input type="checkbox"/> Gymnastics          | <input type="checkbox"/> Swimming | <input type="checkbox"/> Wrestling           |
| <input type="checkbox"/> Other: _____      |  |                                   |  |

### C. SAFETY INFORMATION

1.  A written policy outlining the entity's fire protection program exists and routine fire drills are performed.
2.  Emergency evacuation procedures are in effect (tornado, earthquake, etc.)

### D. MEDICAL PRACTICES

1.  Medicines are kept in appropriately locked cabinets, procedures for their distribution are in place
2.  Record of injuries and action taken exists
3.  Parents sign permission slips authorizing emergency medical transportation or treatment

SCHOOL INFORMATION continued on next page

**SCHOOL INFORMATION continued**

**E. OPTIONAL COVERAGE**

Directors and Officers Including Educators Legal Liability. Retro Date: \_\_\_\_\_ (mm/dd/yyyy) +++

**NOTE:** Coverage is claims-made and non-binding subject to completion of the **D&O/ELL Supplemental Application**.

Student Medical (Excess Coverage)

Interscholastic Athletics Medical Coverage (Excess Coverage)

Corporal punishment\* is administered in grades K-12 only under approved guidelines that are outlined in the Student Handbook.  
(Send Corporal Punishment Guidelines.)

Number of Teachers \_\_\_\_\_ Number of administrators \_\_\_\_\_

\* Not available for Day Care

+++ Retro dates on claims-made coverage options will match the policy effective date unless a retro date is listed on the application. Retro dates over three years old should be referred to the underwriter for approval.

**COMMENTS/SCHEDULES**

Name of Applicant			
Policy No./Quote No.	City	State	ZIP

**INSURANCE FRAUD WARNING:**

Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and [NY: substantial] civil penalties. (Not applicable in AL, AR, CA, CO, DC, FL, LA, ME, MD, NM, NJ, OH, OK, OR, RI, TN, VA, VT, WA, and WV).

**Fraud Statement to Alabama, Arkansas, Louisiana, Maryland, New Mexico, Rhode Island, and West Virginia Applicants:** Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) 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.

**Fraud Statement to California Applicants:** For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Fraud Statement 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 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.

**Fraud Statement to the District of Columbia Applicants: WARNING:** 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.

**Fraud Statement 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.

**Fraud Statement to Oregon and Vermont Applicants:** Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

**Fraud Statement to Ohio Applicants:** Any person who, with intent to defraud or knowing that he/she 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.

**Fraud Statement to Oklahoma Applicants: WARNING:** 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.

**Fraud Statement to Maine, Tennessee, Virginia, and Washington 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 include imprisonment, fines, and denial of insurance benefits.

**ACKNOWLEDGEMENT AND SIGNATURES:**

The undersigned is an authorized representative of the applicant and represents that reasonable enquiry 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.

**INSURED MUST SIGN THIS APPLICATION IN ORDER FOR IT TO BE VALID**

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

Please return the completed form to [help@ca-insurance.com](mailto:help@ca-insurance.com) or fax to 408-922-0700, if you have questions please call 408-922-0600.



1111 Ashworth Road  
West Des Moines, IA 50265-3544

Policy No. \_\_\_\_\_ Quote No. \_\_\_\_\_

**COMMON POLICY INFORMATION**

Effective Date \_\_\_\_\_

1. First Named Insured and other Named Insureds (if applicable) \_\_\_\_\_

2. Mailing Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. Contact Name \_\_\_\_\_ Contact Phone No. \_\_\_\_\_

4. Insured FEIN \_\_\_\_\_

**ACCOUNT INFORMATION**

1. Is there a written return to work program in operation?  Yes  No

If you answered "no," would you be willing to implement these risk reduction techniques if sample materials were provided to you?  
 Yes  No

We highly recommend that an employee safety and training program be implemented.

2. Do written job descriptions exist that include janitorial, day care, lawn care, maintenance, or other manual duties and are employees trained in conjunction with their job description?  Yes  No  No employees with these duties

3. Does the insured have employees who travel or temporarily reside outside of the United States, its territories or possessions, or Canada for a period longer than thirty consecutive days?  Yes  No

If "yes," please explain:

4. Average tenure of: Full-time staff: \_\_\_\_\_ (years) Part-time staff: \_\_\_\_\_ (years)

5. Check all payroll exposures that apply to your organization:

- Automobile Travel
- Construction
- School/Day Care
- Automotive Repair/Service
- Food Service/Soup Kitchen
- Sporting Activities
- Camps
- Maintenance/Lawn Care
- Sub-contractors
- Other \_\_\_\_\_

Please describe all marked exposures:

Name of Applicant			
Policy No./Quote No.	City	State	ZIP

**INSURANCE 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 that person to criminal and civil penalties (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties). (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation). **(Not applicable in AR, CO, DC, FL, KS, LA, ME, MD, NM, OK, RI, TN, VA, and WV).**

**Fraud Statement to Arkansas, District of Columbia, Louisiana, Maryland, New Mexico, Rhode Island, and West Virginia Applicants:** Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines or confinement in prison.

**Fraud Statement 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 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.

**Fraud Statement 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.

**Fraud Statement to Kansas Applicants:** 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 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.

**Fraud Statement to Maine, Tennessee, and Virginia 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 include imprisonment, fines, and denial of insurance benefits.

**Fraud Statement to Oklahoma Applicants: WARNING:** 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.

**Fraud Statement to Utah Applicants:** Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

**ACKNOWLEDGEMENT AND SIGNATURES:**

The undersigned is an authorized representative of the applicant and represents that reasonable enquiry 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.

**INSURED MUST SIGN THIS APPLICATION IN ORDER FOR IT TO BE VALID**

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

Please return the completed form to [help@ca-insurance.com](mailto:help@ca-insurance.com) or fax to 408-922-0700, if you have questions please call 408-922-0600.