



Please Send This Completed & Signed Submission to Submissions@KingsCover.com

Producer name:

GENERAL INFORMATION:

All fields must be completed for a valid KingsCover submission. Please review the application for completeness and accuracy prior to submitting. Enter "N/A" where applicable. A signed application is required before coverage may be bound.

Church/Entity Legal Name:

DBA if applicable:

Church FEIN:

Website:

Mailing Address:

Primary Contact:

Phone:

Email:

Effective Date:

Quote Need by Date:

Total Target Premium for all KingsCover Products (REQUIRED):

Policy Selection: ☐ Property ☐ General Liability ☐ Commercial Auto ☐ Excess Liability

Applicant has currently open claims on their loss runs?

CHURCH PROFILE:

Avg. Weekly Attendance:

of Kids & Youth (<18):

Annual Operating Budget \$:

of All Paid Staff:

of Pastoral Staff:

of Volunteers:

AFFILIATED MINISTRIES PROFILE:

* If any of these affiliated ministries exist, and should be included in this quote please provide details requested below

Mother's Day Out / Day Care

Program Name:

of Students:

K-12 School Operations

Program Name:

of Students:

Off-Site Camp

Program Name:

of Camp Attendees:

Church Sponsored League Sports

Program Name:

of Participants:

☐ Food Pantry / Clothing Closet ☐ VBS / On-Site Camps

* If any other unusual ministry exposures exist, please indicate in submission email

PROPERTY DEDUCTIBLES & CRIME

Requested Wind / Hail Deductible Percentage: Select...

Requested AOP Deductible: Select...

** Availability of deductibles is dependent on underwriting criteria*

Would you like Crime Coverage Quoted? Yes

PROPERTY TO BE INSURED

Building 1 Name: Address:

of Stories: Roof Year: Year Built: Sprinklered: ☐ Yes

ISO Construction Class: Select ISO Class 100% Replacement Cost Value: Sq. Ft.:

Building 2 Name: Address:

of Stories: Roof Year: Year Built: Sprinklered: ☐ Yes

ISO Construction Class: Select ISO Class 100% Replacement Cost Value: Sq. Ft.:

Building 3 Name: Address:

of Stories: Roof Year: Year Built: Sprinklered: ☐ Yes

ISO Construction Class: Select ISO Class 100% Replacement Cost Value: Sq. Ft.:

** For additional buildings, please fill out a SOV. For SOV sample, please visit kingscover.com/insurance-applications to download*

** For Multi-Construction Class Buildings, please select the majority Construction Class*

SCHEDULED ITEMS & INLAND MARINE

Outdoor Property, Property in the Open, and/or Fine Art - Policy includes a \$10K per item limit unless specifically scheduled. List any individual item valued above \$10K that requires scheduling. (Example: Playground valued at \$25,000):

Audio, Visual, Lighting, and Musical Instruments - Policy includes a \$20K per item limit unless specifically scheduled. List any individual item valued above \$20K that requires scheduling. (Example: Soundboard valued at \$45,000):

Inland Marine Schedule - (individual items at stated deductible and Agreed Value):

** Separate Inland Marine Schedule may be provided through the submission email*

ADDITIONAL INTERESTS

Mortgage Holders [Name, Address, Premise/Building]:

Loss Payee [Description of Items Financed, Name, Address, Premise/Building] (Provide Schedule)

GENERAL LIABILITY COVERAGE

Core General Liability

Occurrence Limit / Aggregate Limit:

Coverage Declined

Sexual Abuse and Molestation

Per Claim Limit / Aggregate Limit:

Coverage Declined

Does the applicant have a formal risk management partner in the sexual abuse and molestation space?

No Partner

Employee Benefits Liability

Per Claim Limit / Aggregate Limit:

Coverage Declined

Retro Date*:

Directors and Officers

Per Claim Limit / Aggregate Limit:

Coverage Declined

Retro Date*:

Employment Practices Liability

Per Claim Limit / Aggregate Limit:

Coverage Declined

Retro Date*:

Hired and Non-Owned Auto

Number of Volunteers driving on the church's behalf:

1-24

Cyber

Per Claim Limit / Aggregate Limit:

Coverage Declined

* KingsCover retro dates go back to a maximum of 36 months when added

Notice: To Request Cyber Limits of \$500K or \$1M, Please Fill out Cyber Supplemental Application Found at kingscover.com/insurance-applications

EXCESS LIABILITY

Excess Liability Insurance applies to KingsCover Underwriters Programs only, which we call "Supported Coverages." Excess will only apply on top of **General Liability**, **HNOA**, KingsCover Underwritten **Commercial Auto**, KingsCover Underwritten **D&O** with per-claim limits of \$1 million, and KingsCover Underwritten **EBL** with underlying per-claim limits of \$1 million. Follow Form Excess does not provide excess limits for SAM, Workers Compensation, or Employment Practices Liability. In addition to the default General Liability and HNOA, please select any additional lines you'd like to include.

\$1 Million

☐

Employee Benefits

☐

Director's & Officers

☐

Commercial Auto

ADDITIONAL COMMENTS FOR UNDERWRITER

COMMERCIAL AUTO COVERAGE

Auto quotes require application below AND a Driver List and Vehicle List in Excel. A Driver List is required to quote; we run motor vehicle records (MVRs) after binding, so you don't need to provide them now.

Driver List: First Name, Last Name, DOB, State, and License #

Vehicle List: Year, Make, Model, VIN, and Stated Value. Only vehicles on your Vehicle List are covered.

Address at which owned vehicles are garaged / stored:

OPERATIONS

1. How are your owned vehicles used? Select all that apply (even if only on incidental basis):

Personal use, not associated with church activities

No

Designated Ride Share Services (i.e. UBER)

No

2. Do you own or regularly use any vehicles that are **NOT** on your Vehicle List?

☐ Yes ☐ No

3. Do you rent or loan vehicles to others?

☐ Yes ☐ No

If yes, please describe:

DRIVERS (Who drives your vehicles)

For anyone who may drive owned vehicles as a part of their normal duties, please answer the following

4. Do drivers of vehicles over 15 passengers hold an active CDL where required?

☐ N/A ☐ Yes ☐ No

SEXUAL ABUSE & MOLESTATION PRIOR KNOWLEDGE QUESTION

Does the agent, applicant, or any owner, officer, director, employee, volunteer, or other person within the organization requesting this insurance, have knowledge of any act, error, omission, situation, circumstance, allegation, complaint, or investigation occurring within the past five (5) years (60 months) that has given rise to, or could reasonably be expected to give rise to, a claim alleging sexual abuse or molestation?

☐ Yes* ☐ No

** Please provide a narrative explaining situation, context, and outcome*

PRIOR CARRIER LITIGATION QUESTION

Has the applicant, or any owner, officer, director, or other person within the organization requesting this insurance, ever brought, filed, or participated in any lawsuit, arbitration, or other legal or regulatory proceeding against any insurance company on behalf of the applicant, including any coverage dispute, bad-faith action, or claim-handling complaint?

☐ Yes* ☐ No

** Please provide a narrative explaining situation, context, and outcome*

FRAUD STATEMENTS

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, AND MAY BE SUBJECT TO CRIMINAL AND CIVIL PENALTIES. (Not applicable in AL, AR, CA, CO, DC, DE, FL, ID, IN, KS, KY, LA, MD, ME, MN, NH, NJ, NM, NY, OH, OK, OR, PA, RI, TN, VA, WA or WV – see Fraud Statements below for these jurisdictions).

Applicable in AL, AR, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or 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. *Applies in MD Only.

Applicable in AZ: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Applicable in CA: For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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 from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in DC: 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.

Applicable in DE, FL, ID, IN 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, 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 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. (Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000)*. *Applies in PA Only.

Applicable in NH: Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in **RSA 638:20**.

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 MN: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy or knowingly files a statement of claim containing any false or misleading information 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 or statement of claim containing a false statement as to any material fact may be violating state law.

Applicable in NY: Applicable to all claim forms for insurance and all applications for commercial insurance and accident and health insurance: 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.

Applicable in NY: Applicable to all applications and claim forms for automobile insurance: 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.

APPLICANT / NAMED INSURED SIGNATURE

DATE (MM/DD/YYYY)