KINGSCOVER
A RISK THEORY COMPANY

CHURCH INSURANCE PROGRAM

Please Send This Completed & Signed Form to:
At submission (if not yet quoted): Submissions@KingsCover.com
When bound: Bind@KingsCover.com

RETROACTIVE COVERAGE REQUEST & NO KNOWN LOSS AFFIRMATION

Complete this form to request prior acts coverage on a new KingsCover policy. Both the organization and the agent must sign.

REQUEST INFORMATION

Organization Name:

Policy Effective Date: Requested Retro Date:

** Retro date may be no earlier than 36 months prior to the effective date.*

Coverage: ☐ D&O (Directors & Officers) ☐ EBL (Employee Benefits) ☐ EPLI (Employment Practices)

1. NO KNOWN LOSS

☐ **No known losses.** The organization is not aware of any claim, incident, or circumstance occurring since the requested retro date that has resulted, or could reasonably result, in a claim under the coverage requested.

2. CONTINUOUS COVERAGE

The organization has maintained continuous claims-made coverage with the prior carrier listed below, with no lapse from the requested retro date through the policy effective date.

Prior Carrier:

3. PRIOR COVERAGE LIMIT

The organization's prior claims-made coverage carried a per-claim limit of:

Per-Claim Limit $:

SIGNATURES

By signing below, the organization confirms that all statements above are true and complete, and understands this request is subject to underwriting approval and that any false statement may void coverage.

Organization Authorized Representative

Signature **Date**

Printed Name **Title**

Agent

Signature **Date**

Disclaimer: This form is a request only and does not bind coverage. Retroactive coverage, if approved, applies only as shown on the policy declarations or endorsement and is subject to all terms, conditions, and exclusions of the policy. Any person who knowingly presents false or misleading information in an application for insurance may be subject to denial of coverage, rescission of the policy, and civil or criminal penalties.