KINGSCOVER
A RISK THEORY COMPANY

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? No

CHURCH PROFILE:

Avg. Weekly Attendance: # of Kids & Youth (<18): No Kid Ministry Annual Operating Budget $:

# of All Paid Staff: No Paid Staff # of Pastoral Staff: No 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: 50K/50K

** 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

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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*

APPLICATION ACKNOWLEDGEMENT AND ATTESTATION

I warrant that the information contained in this application is true, it becomes part of my insurance application, and is subject to the same warranties and conditions. This statement will form the basis of and be incorporated into the final policy, if issued. 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 may be guilty of a felony.

Applicant Name or Representative Agent (Printed) | **Title**

Signature of the Above | **Date**