



Richmond National Insurance Company
11013 West Broad Street, Ste 300
Glen Allen, VA 23060

HOUSES OF WORSHIP & RELIGIOUS ORGANIZATIONS SUPPLEMENTAL APPLICATION

I. INSTRUCTIONS

1. Completion of this application neither binds coverage nor guarantees that a quote or policy will be issued.
2. Requested coverage is not automatically provided. Read your quote carefully. The policy, if issued, will determine actual coverage.
3. All questions must be answered. If a question does not apply, write "N/A." If more space is needed, continue a separate sheet, and indicate the question number.
4. Some questions require supporting documentation. Provide all requested documentation with the fully completed application, signed, and dated by the owner, partner, or legal officer.

II. APPLICANT INFORMATION

1. Name of entity to be listed as first Named Insured:

2. Are any other entities or DBAs to be listed as Named Insured? ☐ Yes ☐ No
 - a. If yes, please list: _____
 - b. Do all entities have common ownership with the first Named Insured? ☐ Yes ☐ No
3. Years in operation under current ownership/management: _____
4. Mailing Address:
Street: _____
City: _____ State: _____ Zip: _____
5. Contact for audits and/or inspections:
Name: _____ Title: _____
Phone Number: _____ Email: _____
6. Does the Applicant currently carry General Liability coverage? ☐ Yes ☐ No
Effective Date: _____ Expiring Carrier: _____
Expiring Premium: _____ Retroactive Date (if applicable): _____
7. Select all of the operations conducted by the insured:

<input type="checkbox"/> House of Worship	<input type="checkbox"/> Childcare Facility	<input type="checkbox"/> Private School
<input type="checkbox"/> Special Events	<input type="checkbox"/> Mission Trips	<input type="checkbox"/> Music Production
<input type="checkbox"/> Online Streaming	<input type="checkbox"/> Food Pantry	<input type="checkbox"/> Homeless Shelter

III. PREMISES INFORMATION

Loc	Premise Address	Described Use	
1			Owned Leased
2			Owned Leased
3			Owned Leased
4			Owned Leased
5			Owned Leased

- What is the total square footage of all church buildings? _____
- Does the Applicant own any outdoor or indoor play equipment? ☐ Yes ☐ No
 - If yes, what is the surface/ground covering? _____
 - Is play equipment annually inspected for the condition of equipment? ☐ Yes ☐ No
 - What is the max height of the play equipment? _____
 - Are guard rails present at all elevated surfaces on the play equipment? ☐ Yes ☐ No
 - Does the Applicant utilize any of the following equipment (check all that apply):

Jungle Gyms	Merry-Go-Rounds	Teeter-Totters
Spinners	Climbing Towers	Climbing Nets
Still Rings	Balancing Beams	Trampolines
Zip Lines	Inflatables	Parallel Bars
- Does the Applicant own a parsonage? ☐ Yes ☐ No
 - If yes, is the tenant a part of the Applicants staff? ☐ Yes ☐ No
 - Year of construction: _____
 - Provide the year of update for the following:
 - Electrical: _____
 - Plumbing: _____
 - Roofing: _____
 - HVAC: _____
 - Is the parsonage utilized for any operations other than habitation? ☐ Yes ☐ No
 - If yes, please provide additional information: _____

4. Does the Applicant own any vacant land? ☐ Yes ☐ No
- a. If yes, what is the total acreage? _____
- b. What is the premise address? _____
- c. Is the vacant land to be used for real estate development? ☐ Yes ☐ No
- d. Does the Applicant utilize the vacant land for events? ☐ Yes ☐ No
- i. If yes, please provide additional information: _____
5. Does the Applicant have a centrally monitored fire alarm system? ☐ Yes ☐ No
6. Does the Applicant have a centrally monitored security system? ☐ Yes ☐ No
7. Are all exit signs illuminated on premises? ☐ Yes ☐ No
8. Any anticipated construction of new buildings or alterations to existing structures? ☐ Yes ☐ No
- a. If yes, please provide additional information: _____
9. Does the Applicant's buildings have aluminum wiring (including partial) or knob and tube wiring? ☐ Yes ☐ No
- a. If yes, is there currently a plan in place to replace with copper wiring? ☐ Yes ☐ No
10. Are any buildings partially constructed? ☐ Yes ☐ No
- a. If yes, please provide additional information: _____
11. Does the Applicant have a commercial kitchen on their premises? ☐ Yes ☐ No
- a. If yes, are kitchen range ventilation hoods, filters, suppression systems, and ducts professionally cleaned and serviced annually? ☐ Yes ☐ No
- b. Is all kitchen equipment (stoves, grills, etc.) in working order and used on a regular basis? ☐ Yes ☐ No

IV. LIABILITY

1. Select all exposures below that currently exist on the Applicant's owned or leased premise:
- | | | |
|---|---|---|
| <input type="checkbox"/> Elevators/Lifts | <input type="checkbox"/> Baptistry | <input type="checkbox"/> Indoor Gymnasium |
| <input type="checkbox"/> Balconies/Lofts | <input type="checkbox"/> Lake or Pond | <input type="checkbox"/> Stages (two ft. or higher) |
| <input type="checkbox"/> Food Banks | <input type="checkbox"/> Thrift Stores | <input type="checkbox"/> Radio/TV Broadcasts |
| <input type="checkbox"/> Music Production | <input type="checkbox"/> Online Streaming | |
| <input type="checkbox"/> Other: _____ | | |
2. Do outside groups utilize the premises on a reoccurring basis? ☐ Yes ☐ No
- a. If yes, please list the groups: _____

- b. Is there a written agreement between the Applicant and all parties outlining the space to be utilized and acceptable use? ☐ Yes ☐ No
- c. Does the Applicant require the group to provide a COI with Additional Insured language in favor of the Applicant? ☐ Yes ☐ No
3. Does the Applicant permit any overnight sheltering on any owned premise? ☐ Yes ☐ No
4. Is there a nursery available during scheduled house of worship activities? ☐ Yes ☐ No
- a. If yes, what are the age ranges provided? _____
- b. What is the total count of children in the nursery? _____
- c. How many days per week is the nursery provided? _____
- d. The nursery is staffed by: ☐ Staff ☐ Volunteers
5. Does the Applicant have a children's program (ages 4 and up)? ☐ Yes ☐ No
- Days per week the group meets: _____ Number of attendees _____
- Children's program is run by: ☐ Pastoral Staff ☐ Lay Pastors ☐ Volunteers
6. Does the Applicant have a youth program (ages 11 – 18)? ☐ Yes ☐ No
- Days per week the group meets: _____ Number of attendees _____
- Youth groups is run by: ☐ Pastoral Staff ☐ Lay Pastors ☐ Volunteers
- List regular activities the youth group engages in (lock-ins, mission trips, sports, etc.):
- _____
- _____
- _____
7. Does the Applicant have a foreign travel exposure within the next 12 months? ☐ Yes ☐ No
- a. Does the Applicant have a foreign liability policy in place? ☐ Yes ☐ No
- b. Does the Applicant obtain signed liability waivers from all participants? ☐ Yes ☐ No
- Country Applicant is going _____
- Length of Stay _____ Number of participants _____
- Describe activities that will occur:
- _____
- _____
- _____
8. Does the Applicant lease any part of the house of worship to other entities? ☐ Yes ☐ No
- a. Type of entity _____ Total square footage _____
- b. Legal name of entity _____
- c. Is there a written lease in place with the Lessee? ☐ Yes ☐ No
- d. Does the lease contain an indemnification clause in favor of the Applicant? ☐ Yes ☐ No

e. Is the Applicant listed as an additional insured on the Lessee's insurance policy?

☐ Yes ☐ No

9. Does the Applicant sponsor any sports teams?

☐ Yes ☐ No

a. Sport(s) played: _____

b. Number of participants _____ Age of participants _____

c. Does the Applicant require all participants to sign a waiver of liability prior to participating?

☐ Yes ☐ No

d. Does the Applicant hold an Athletic Medical Policy?

☐ Yes ☐ No

V. CHILDCARE FACILITY

☐ N/A

1. Applicant's state childcare license number: _____

a. State of issuance: _____

2. Has the Applicant had any critical licensing violations in the past three years?

☐ Yes ☐ No

a. If yes, how many: _____

b. Please provide additional information on violations and mitigation tactics taken by the Applicant to avoid future infractions: _____

3. Has the Applicant had their license suspended or revoked?

☐ Yes ☐ No

a. If yes, please provide additional information: _____

4. Licensed Capacity: _____ Average number of children per day: _____

VI. ABUSE OR MOLESTATION COVERAGE

☐ N/A

1. Does the applicant have a written sexual abuse prevention policy in place?

☐ Yes ☐ No

a. If yes, what year was it last reviewed? _____

2. Are all employees background checked prior to having access to children?

☐ Yes ☐ No

a. If no, please explain: _____

3. Are all volunteers background checked prior to having access to children?

☐ Yes ☐ No

a. If no, please explain: _____

4. Does the screening and background check process include checking the National Sex Offenders registry?

☐ Yes ☐ No

5. How frequently are background checks run for employees and volunteers? _____

6. Does the Applicant have policies and procedures in place for the following:

- a. Rules and procedures in place in place, which do not allow for adults to have one-on-one unobservable access to children. ☐ Yes ☐ No
- b. Rules that require all volunteers to be a member of or attending the church for at least 6 months prior to working with children. ☐ Yes ☐ No
- c. Systems in place to ensure children are only released to authorized adults. ☐ Yes ☐ No

VII. FRAUD WARNING

General 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.

Applicant Notice to Applicants in:

Alabama	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly 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.
Alaska	A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.
Arizona	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.
Arkansas	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.
California	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.
Colorado	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.
Delaware	Any person who knowingly, and with intent to injure, defraud or deceive an insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
District of Columbia:	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.
Florida	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.
Idaho	Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.
Indiana	A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.
Kentucky	Any person who knowingly and with intent to defraud any insurance company or other person files a 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.
Louisiana	Any person who knowingly presents a false or fraudulent claims 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.
Maine	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 or a denial of insurance benefits.
Maryland	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 fines and confinement in prison.
Minnesota	A person who files a claim with intent to defraud, or helps commit a fraud against an insurer, is guilty of a crime.
New Hampshire	Any person who, with a purpose to injure, defraud or deceive an 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.
New Jersey	Claim: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Application: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
New Mexico	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 civil fines and criminal penalties.
New York	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.
Ohio	Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing false or deceptive statement is guilty of insurance fraud.

Oklahoma	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.
Pennsylvania	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.
Rhode Island	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.
Tennessee	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.
Virginia	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.
Washington	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.
West Virginia	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.

VIII. REPRESENTATION AND WARRANTY

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant represents and warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate, or omit any material facts. The Applicant agrees it has a continuing obligation to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understand that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion. Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance. All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Name of Applicant: _____

Print name and title of the person authorized on behalf of the Applicant:

First Name: _____

Last Name: _____

Title: _____

Signature of person authorized to execute on behalf of the Applicant:

Signature: _____ Date: _____

Producer Name: _____

Producer Signature: _____ Date: _____