

Clergy Counseling Errors and Omissions Application

Applicant's Name	_____

Mailing Address	_____

Location	_____

Web site Address	_____

Agency Name	_____
Agent	_____
Address	_____

E-Mail	_____
Phone	_____

PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

Applicant is: Individual Corporation Partnership Joint Venture Limited Liability Corporation
 Not For Profit Organization Other (Specify): _____

1. **Advise the type of governing structure in the church, i.e., executive board, council, executive director, etc.:**

2. **Limits of Liability requested:** _____
3. **Number of ministers, priests, rabbis or pastors:** _____
4. **Date church established:** _____
5. **Religious body:** _____
6. **Denomination:** _____
7. **Size of congregation:** _____
8. **Do you have written hiring procedures?** Yes No
9. **Do your hiring procedures include any of the following:**
 - Educational background check? None Written Verbal
 - Fingerprint check? None Written Verbal
 - Previous employers check? None Written Verbal
 - Personal references check? None Written Verbal

10. Are there any prior allegations, claims or suits as a result of clergy errors and omissions? Yes No
 If yes, advise: _____

11. **Sexual Misconduct or Molestation. (If "Yes" is checked below, explain fully in remarks):**

- a. Does the insured know of any circumstances that could lead or has led to a claim under sexual misconduct or molestation? Yes No
- b. Is there anyone in the insured's employ who has been formally accused or convicted of sexual misconduct or molestation? Yes No

12. Are counseling services offered for a fee? Yes No
 If yes, provide details: _____

13. Are contracted counseling providers utilized? Yes No
 If yes, provide details: _____

Are certificates of insurance obtained for professional coverage? Yes No

14. Are procedures in place to protect the confidentiality of church members? Yes No

15. Please indicate percentage of total counseling (must total 100%):

Alcohol	%	Marital	%
Criminal	%	Narcotics	%
Crisis intervention	%	Sexual offenders	%
Domestic abuses	%	Other counseling (Specify): _____	%
Family	%	_____	

16. Previous carrier: _____

17. During the past three years, has any company ever canceled, declined or refused to issue similar insurance to the applicant (Not applicable to Missouri applicants)? Yes No
 If yes, please explain: _____

18. **Loss History**

Indicate all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the prior three years. Check if no losses last three years.

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)

Remarks: _____

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

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 such person to criminal and civil penalties. **Not applicable in Nebraska, Oregon and Vermont.**

NOTICE 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: 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.

NOTICE 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 in the third degree.

NOTICE TO LOUISIANA APPLICANTS: 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.

NOTICE TO OHIO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company 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.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO MAINE 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 may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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

FRAUD WARNING (Applicable in Tennessee, Virginia and 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.

NOTICE TO NEW YORK APPLICANTS (Other than automobile): 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

APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NO.: _____

(Applicable to Florida Agents Only.)

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.