

CLERGY COUNSELING ERRORS AND OMISSIONS APPLICATION

Applicant's Name:	Agency Name: Agency Location:
Applicant Mailing Address:	Agent Name:
Applicant Location Address:	Applicant's E-mail Address:
Applicant Website Address:	Applicant's Phone:
PROPOSED EFFECTIVE DATE: FROM _____ TO _____ 12:01 A.M., Standard Time at the address of the applicant	

Applicant is:	<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other (Specify)
	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Partnership	<input type="checkbox"/> Not for Profit Organization
		<input type="checkbox"/> Limited Liability Company	

LIMITS OF INSURANCE REQUESTED	
EACH OCCURRENCE: \$	AGGREGATE \$

1.	APPLICANT INFORMATION	
a.	Type of governing structure: <input type="checkbox"/> Council - Provide number of members <input type="checkbox"/> Executive board - Provide number of members <input type="checkbox"/> Executive director <input type="checkbox"/> Other – describe	
b.	Date church established Denomination? Religious Body?	
c.	Number of clergy, ministers, priests, rabbis or pastors Size of congregation	

2.	HIRING PRACTICES Check all that apply	
	<input type="checkbox"/> Educational background check	<input type="checkbox"/> Written <input type="checkbox"/> Verbal
	<input type="checkbox"/> Fingerprint check	<input type="checkbox"/> Written <input type="checkbox"/> Verbal
	<input type="checkbox"/> Previous Employer Check	<input type="checkbox"/> Written <input type="checkbox"/> Verbal

<input type="checkbox"/> Personal References check	<input type="checkbox"/> Written <input type="checkbox"/> Verbal
<input type="checkbox"/> Written hiring procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No

3.	SEXUAL MISCONDUCT OR MOLESTATION		
a.	Does the applicant know of any circumstances that could lead or has led to a claim under sexual misconduct or molestation? If yes describe	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b.	Is there anyone in the applicant's employment who has been formally accused or convicted of sexual misconduct or molestation? If yes describe	<input type="checkbox"/> Yes <input type="checkbox"/> No	

4.	COUNSELING SERVICES		
a.	Are there any claims or suits as a result of clergy errors and omissions? If yes, provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b.	Are counseling services offered for a fee? If yes, provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
c.	Are contracted counseling providers utilized? If yes, provide details: Are certificates of insurance obtained for professional coverage for providers?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
d.	Are procedures in place to protect the confidentiality of church members	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e.	Percentage of counseling by type (must equal 100%)		
	Alcohol	%	Marital
	Criminal	%	Narcotics
	Crisis intervention	%	Sexual Offenders
	Domestic abuses	%	Other Counseling
	Family	%	Specify:

5.	CARRIER INFORMATION		
a.	During the past three years, has any company ever canceled, nonrenewed, declined or refuse similar insurance to the applicant? If yes, explain	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b.	PRIOR CARRIER INFORMATION Carrier Policy Number Occurrence or claims made Total Premium	YEAR: \$	YEAR: \$

6.	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 <input type="checkbox"/> check here if no losses				
	Date of loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (open or closed)

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files 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 AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

NOTICE TO ALABAMA APPLICANTS: 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.

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 pay-able 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 of the third degree.

NOTICE TO KANSAS APPLICANTS: 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, which is a crime and subjects such person to criminal and civil penalties.

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 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 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.

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.

NOTICE TO OHIO APPLICANTS: 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 a false or deceptive statement is guilty of insurance fraud.

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 RHODE ISLAND 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.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties un-der state law.

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.

NEW YORK 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 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 STATEMENT:

I/We hereby declare that the above statements and particulars are true and I/We agree that this application shall be the basis of the contract with the insurance company.

APPLICANT NAME:	APPLICANT TITLE:
APPLICANT’S SIGNATURE _____ (must be signed by an active owner, partner or executive officer)	DATE:
PRODUCER’S SIGNATURE: _____	DATE:

IMPORTANT NOTICE

As part of the underwriting procedure, a routine inquiry may be made which will provide 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.