

## COWBOY CHURCH GENERAL LIABILITY SUPPLEMENTAL 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:
<b>PROPOSED EFFECTIVE DATE: FROM _____ TO _____</b> <b>12:01 A.M., Standard Time at the address of the applicant</b>	

<b>Applicant is:</b>	<input type="checkbox"/> Individual <input type="checkbox"/> Joint Venture <input type="checkbox"/> Corporation	<input type="checkbox"/> Not for profit organization <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Other (Specify)
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<b>1.</b>	<b>APPLICANT INFORMATION</b>	
<b>a.</b>	Date church established Number of Members	
<b>b.</b>	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>c.</b>	Does applicant belong to American Federation of Cowboy Churches?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>d.</b>	Does applicant have other business ventures for which coverage is not requested? If yes, please describe and provide where insured.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>e.</b>	Does applicant engage in the generation of power, other than emergency back-up power, for own use or sale to power companies? If yes, please describe	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>2.</b>	<b>MEMBERS AND/OR STAFF</b>	
<b>a.</b>	Number of Clergy	
<b>b.</b>	Number of Staff Describe:	
<b>c.</b>	Number of Volunteers	
<b>d.</b>	Size of congregation	

<b>e.</b>	Has the applicant or any of its past or present directors, officers, trustee, committee members, employees, volunteers or others acting on behalf of the applicant ever been accused of or been involved in a lawsuit, claim or criminal charge involving sexual abuse, sexual misconduct or sexual molestation? If yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>3.</b>	<b>HIRING PRACTICES</b>	
	<b>Check all that apply</b>	
<b>a.</b>	<input type="checkbox"/> Educational background check	<input type="checkbox"/> Written <input type="checkbox"/> Verbal
<b>b.</b>	<input type="checkbox"/> Fingerprint check	<input type="checkbox"/> Written <input type="checkbox"/> Verbal
<b>c.</b>	<input type="checkbox"/> Previous Employer Check	<input type="checkbox"/> Written <input type="checkbox"/> Verbal
<b>d.</b>	<input type="checkbox"/> Personal References check	<input type="checkbox"/> Written <input type="checkbox"/> Verbal
<b>e.</b>	<input type="checkbox"/> Written hiring procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>4.</b>	<b>SEXUAL AND/OR PHYSICAL ABUSE UNDERWRITING</b>	
<b>a.</b>	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>b.</b>	Is there anyone in the applicant's employment who has been formally accused or convicted of a sexual misconduct or molestation? If yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>c.</b>	Are minors ever left alone with only one adult n any program, service, event or other church-sponsored activity? If yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>d.</b>	Are policies or procedures for the proper supervision of employees and volunteers who are in direct contact with minors and other individuals in all on-site programs, services events or activities followed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>5.</b>	<b>CHURCH OPERATIONS/EXPOSURES</b>	
<b>a.</b>	Is there a physical House of Worship? If yes: Square feet Maximum Occupancy Life safety equipment (ie sprinkler, alarm, lighted exit signs)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>b.</b>	Is there a church office?	<input type="checkbox"/> Yes <input type="checkbox"/> No

	If yes: Square feet	
<b>c.</b>	Is there a Mikveh/Baptismal? If yes, describe: Is there a charge for its use? If yes, annual sales:	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>d.</b>	Does applicant conduct services in an arena? If yes: Square feet	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>e.</b>	Does applicant broadcast services and or events? Check all that apply and provide frequency: <input type="checkbox"/> Online      Frequency: <input type="checkbox"/> Radio      Frequency: <input type="checkbox"/> TV      Frequency:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>f.</b>	Does applicant offer virtual services? If yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>g.</b>	Does applicant offer child care during services? If yes, who is providing care <input type="checkbox"/> Staff <input type="checkbox"/> Subcontracted Service Are Certificates of insurance required? <input type="checkbox"/> Volunteers Are minors ever left alone in the care of a single adult?	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>6.</b>	<b>ADDITIONAL EXPOSURES</b> Check all that apply	
	<input type="checkbox"/> Bookstore, Gift shop and/or Concession Stand Location: Sales: \$ Area:	<input type="checkbox"/> Overnight Camps – SUBMIT Each Camper Day:
	<input type="checkbox"/> Counseling For Errors and Omissions Coverage attach supplemental application	<input type="checkbox"/> Transportation of members/youth – <b>REQUIRED</b> - Commercial Auto policy in force <input type="checkbox"/>
	<input type="checkbox"/> Day Camps – <input type="checkbox"/> Adult <input type="checkbox"/> Youth Each Camper Day:	<input type="checkbox"/> Other Describe:

<b>7.</b>	<b>PREMISES – STADIUMS/ARENAS/PRACTICE RINGS/CORRALS</b>	
<b>a.</b>	Size of stadium and/or arena	
<b>b.</b>	Are bleachers or platforms to be used? If yes, <input type="checkbox"/> Permanent <input type="checkbox"/> Portable Age of bleachers and/or platforms: Height of bleachers and/or platforms Are back and side railings provided? Construction: <input type="checkbox"/> Concrete <input type="checkbox"/> Steel <input type="checkbox"/> Wood	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>c.</b>	How often is the stadium/arena used?	

<b>d.</b>	Is the stadium/arena rented to others for events? If yes, Are certificates of insurance provided by the tenant? Describe events:	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>e.</b>	Animals used in the stadium are:	
<b>f.</b>	Do any of the events include firearms? If yes, provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>g.</b>	Are patrons protected from, and warned against potential flying objects?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>h.</b>	Are patrons allowed on the field area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>i.</b>	Is the public address system clearly audible in all parts of the facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>j.</b>	Is there a backup electrical supply for lighting and the public address system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>k.</b>	Are premises entrances/exits well lit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>l.</b>	Do members use the arena/corral for practice? If yes, how often	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>m.</b>	Is a picture of the arena attached – <b>required</b> .	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>8.</b>	<b>PREMISES-POOLS &amp; PLAYGROUNDS</b>	
<b>a.</b>	Is there a pool on premises? CHECK ALL THAT APPLY <input type="checkbox"/> Above ground <input type="checkbox"/> In-ground <input type="checkbox"/> Fenced with self-latching gate <input type="checkbox"/> Slides or diving boards <input type="checkbox"/> Life-safety equipment at poolside <input type="checkbox"/> Wading pool less than 24 inches <input type="checkbox"/> CPR/Lifeguard certified staff on premises when pool in use <input type="checkbox"/> Swimming pools, and wading pools are in compliance with the federal Virginia Graeme Baker Pool and Spa Safety Act.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>b.</b>	Play equipment and facilities (check all that apply) <input type="checkbox"/> Bodies of water on premises (ponds, streams, lakes, rivers) If yes, describe: <input type="checkbox"/> Play area fully fenced <input type="checkbox"/> Slacklining <input type="checkbox"/> Slides if yes, height <input type="checkbox"/> Swings <input type="checkbox"/> Trampoline PROHIBITED except mini-tramp <input type="checkbox"/> Other equipment, please describe	

<b>9.</b>	<b>SPECIAL EVENTS OCCURRING ON CHURCH PROPERTY</b>					
<b>a.</b>	SCHEDULED EVENTS:					
	DATE	ACTIVITIES	NUMBER ATTENDING	NUMBER OF PARTICIPANTS	WAIVER SIGNED	NO. OF MINOR PARTICIPANTS
					<input type="checkbox"/> YES	
					<input type="checkbox"/> YES	
					<input type="checkbox"/> YES	

					<input type="checkbox"/> YES	
<b>b.</b>	Details of any additional events or reoccurring events:					
<b>c.</b>	What is applicant's experience in conducting events of this or a similar nature?					
<b>d.</b>	If applicant is the sponsor, does the operator have General Liability insurance? If yes, name of insurance carrier:				<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>10.</b>	<b>RODEO DETAILS</b>					
<b>a.</b>	Name(s) of rodeo promoter/company/stock contractor:					
<b>b.</b>	Does the rodeo board the stock in the applicant's facility overnight?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>c.</b>	Does the rodeo company maintain responsibility for security of stalls/pens used to board the stock?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>d.</b>	Are the transfer areas between the animal pens and the competition restricted from the general public?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>e.</b>	Rodeo arena specifics: <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary					
<b>f.</b>	Animals used in the rodeo are:					
<b>g.</b>	Are all animals insured against third party claims by the owner? If yes, what are the minimum liability limits?				<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>11.</b>	<b>ANIMALS</b>					
<b>a.</b>	Does the church own any animals? If yes, what types and how are they used?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b.</b>	Does the church use any animals that they do not own? If yes, what types and how are they used?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Are all animals insured against third party claims by the owner? If yes, what are the minimum liability limits?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Does the church board any animals in the applicant's facility overnight?				<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>12.</b>	<b>ENTERTAINMENT</b>					
<b>a.</b>	Is live entertainment provided? If yes, describe:				<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>b.</b>	Does the church provide Entertainers for off-site events such as parades or concerts? If yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>c.</b>	Any special effects? If yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>d.</b>	Are fireworks exhibited at any event? If yes, please describe and SUBMIT:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>e.</b>	Are amusement devices available at special events? If yes, please describe: Are devices provided and supervised by subcontractor? Are certificates of insurance required from subcontractor? NOTE: Inflatable devices including bounce houses owned, operated, or supervised by the applicant are <b>prohibited</b> .	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>13.</b>	<b>SECURITY, TRAFFIC CONTROL AND FIRST AID</b>	
<b>a.</b>	How is access to the church property controlled including the stadium/arena area?	
<b>b.</b>	Indicate type and number of each: (check all that apply) <input type="checkbox"/> Employed security: Armed number Unarmed number <input type="checkbox"/> Independent security contractor Armed number Unarmed number Does contractor provide a certificate of insurance? Does contractor hold applicant harmless? Does contractor name applicant as additional insured on General Liability policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>c.</b>	Is there a written emergency plan in the event of an accident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>d.</b>	Who is responsible for crowd and traffic control?	
<b>e.</b>	Are parking areas smooth with clearly marked parking areas and exit roads?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>f.</b>	Will first aid be provided at events? If yes, describe Who will provide first Aid? <input type="checkbox"/> Doctors <input type="checkbox"/> Nurses <input type="checkbox"/> Other:	

<b>14.</b>	<b>HOLD HARMLESS AGREEMENTS</b>	
<b>a.</b>	Is applicant held harmless by others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>b.</b>	Does applicant agree to hold any third-party harmless? If yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>c.</b>	Is applicant naming anyone as an additional insured? If yes, who and why:	<input type="checkbox"/> Yes <input type="checkbox"/> No

**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 under 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.