



Listening. Learning. Leading.®

3000 Schuster Lane  
Merrill, WI 54452  
(800) 554-2642  
Fax: (715) 539-4650  
www.churchmutual.com

## Religious Organizations Supplemental Application

DATE: \_\_\_\_\_

NAME OF APPLICANT: _____	
PRODUCER: _____	PHONE: _____
AGENCY: _____	EMAIL ADDRESS: _____
EXPIRATION: _____	QUOTE NEEDED BY: _____
NAME OF CONTACT PERSON FOR INSPECTION: _____	PHONE: _____

Please complete the applicable sections of this supplemental application, sign, date, and attach the following:

- ACORD applications for Property, Crime, General Liability, Workers' Compensation, Automobile, and Umbrella
- Five years of currently valued loss runs
- Most recent audited annual financial statements
- Fine Arts Schedule (if applicable)

**Pages 1 – 4 must be completed on all submissions.**

1. If you operate a school or day care, complete the **CHILD CARE** and/or **SCHOOL LIABILITY** sections on pages 5 – 6.
2. If there are any media exposures, such as published material, website, and/or television broadcasts, complete the **MEDIA EXPOSURE** section of page 6.
3. If you sponsor any special events or bingo games, complete the **SPECIAL EVENTS** section of page 7.
4. If you have a full service commercial kitchen on the premises, complete the **COMMERCIAL KITCHEN** section of page 7.
5. If you need D&O, Educators Liability, or EPLI coverage, please request supplemental application from CMIC Underwriter (to be signed at the time of coverage binding).

PRODUCER CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_

## GENERAL INFORMATION

1. a. Named Insured (as it would appear on the policy):

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Website: \_\_\_\_\_

Federal Employer ID Number: \_\_\_\_\_

b. Other Named Insureds (List all entities to be insured and their interest. If there are more than three, attach a separate page to this supplement.):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

2. Policy Period: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 12:01 A.M. to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 12:01 A.M.

3. Institution Information:

Year Founded: \_\_\_\_\_ Denomination: \_\_\_\_\_

	Year:	Year:	Year:
<b>Number of Ministers/Pastors</b>			
<b>Number of Members</b>			
<b>Revenue</b>			

## PRESENT CARRIER INFORMATION

Coverage	Name of Carrier	Expiration Date	Years Insured	Annual Premium
<b>Property</b>				
<b>General Liability</b>				
<b>Crime</b>				
<b>Automobile</b>				
<b>Umbrella: Limit \$ Million</b>				
<b>Workers' Compensation</b>				
<b>D&amp;O and EPLI</b>				
<b>Educators Legal Liability</b>				

## SECURITY

1. Hours of operation: \_\_\_\_\_ to \_\_\_\_\_ Number of days per week: \_\_\_\_\_

What time are doors locked? \_\_\_\_\_ : \_\_\_\_\_  A.M.  P.M.

2. Do you use security personnel?  Yes  No

If yes, are security personnel:

Employees of the school or church?  Yes  No

Contracted from an outside agency?  Yes  No

Used on a regular basis?  Yes  No

If yes, how often? \_\_\_\_\_

Used just for special events?  Yes  No

When contracted through an outside service, are certificates of insurance required?  Yes  No

Are security personnel armed?  Yes  No

If yes, how many: \_\_\_\_\_

## CRIME COVERAGE

### AUDITS

1. Are annual financial audits conducted?  Yes  No  
If yes, type:  CPA  Internal
2. Is inventory audited?  Yes  No
3. What kind of opinion did the CPA give on the most recent financials?  
 Clean  Qualified  Compilation Only

### CHECK SIGNING

4. Are all checks stamped "For Deposit Only" upon receipt?  Yes  No
5. Are two, hand affixed, signatures (countersignature) required on checks?  
 All?  Over \$1,000?  Over \$5,000?  
If no, name/title of who signs: \_\_\_\_\_
6. If mechanically affixed signatures are used, by computer or otherwise, how many people are authorized to use? \_\_\_\_\_
7. Is the person who edits/verifies/approves the issued checks the same as the person who issued them?  Yes  No

### ACCOUNTING CONTROLS

1. Is money (cash/checks) deposited the same day collected?  Yes  No  
If no, when? \_\_\_\_\_
2. How many people handle/count the money? \_\_\_\_\_
3. Are employees who are authorized to reconcile bank account statements permitted to handle deposits or sign checks without countersignature?  Yes  No
4. Are bank accounts reconciled?  Monthly  Quarterly  Annually
5. Do different people perform each of the following functions:  
a. Money (cash/check) receipts    b. Disbursements    c. Deposits    d. Bank Account Reconciliation  
If no, explain: \_\_\_\_\_

### BURGLARY AND ROBBERY

6. Is a safe used?  Yes  No  
If yes, for what? \_\_\_\_\_
7. Is a burglar alarm in use?  Yes  No  
If yes,  Central Station?  Local?
8. Are deposits made:  By Mail?  Directly to the bank?

## OTHER LIABILITY EXPOSURE

1. Do you have any of the following:  
Vacant Land?  Yes  No    If yes, # of acres: \_\_\_\_\_  
Bodies of Water?  Yes  No    If yes, how many: \_\_\_\_\_  
Rental Dwellings?  Yes  No    If yes, # of dwellings: \_\_\_\_\_  
Owned Camps?  Yes  No    If yes, # of campers: \_\_\_\_\_ # of days: \_\_\_\_\_ Area: \_\_\_\_\_
2. Describe youth activities planned for the upcoming year:  
\_\_\_\_\_
3. Do you: Sponsor athletic teams?  Yes  No    If yes,  Youth  Adult  
Do you sponsor a league?  Yes  No    If yes,  Youth  Adult  
Describe: \_\_\_\_\_
4. If Pastoral Counseling is desired, please provide the number of FTE (full-time equivalent):  
Pastoral Counselors: \_\_\_\_\_  
Licensed Counselors: \_\_\_\_\_ Employed?  Yes  No  
If independent contractors, do they carry their own insurance?  Yes  No
5. Does your staff include any accountants, attorneys, architects, engineers, or financial advisors/consultants?  Yes  No
6. Does your organization rent or lease any vehicles on a short-term basis?  Yes  No  
If yes, annual rental expense: \$ \_\_\_\_\_
7. Does the church use charter buses for long trips?  Yes  No  
If yes, do you require that they carry insurance?  Yes  No  
If no, what arrangements are made for long-distance travel? \_\_\_\_\_
8. Does the church lease any parking space or parking lots to others?  Yes  No  
If yes, what is the area: \_\_\_\_\_ Leaseholder: \_\_\_\_\_
9. Does the church operate their own cemetery, mausoleum, or columbarium?  Yes  No
10. Are there any church-sponsored overnight trips that involve children under the age of 16?  Yes  No  
If yes, provide details: \_\_\_\_\_

**SEXUAL ABUSE & MOLESTATION**

A. Limits Requested: \_\_\_\_\_

**B. EXPOSURE DATA**

# of full-time employees: \_\_\_\_\_ # of part-time employees: \_\_\_\_\_ Annual # of volunteers: \_\_\_\_\_

# of students: \_\_\_\_\_ Average daily # of children for all operations: \_\_\_\_\_

**C. RISK MANAGEMENT**

1. Is there a Physical/Sexual Abuse Prevention Program in effect that clearly expresses management's commitment to sexual abuse prevention?  Yes  No
2. Have written procedures encompassing rules, a code of conduct, and disciplinary measures been established for all staff and/or volunteers, which clearly define the policy and consequences of non-adherence?  Yes  No
3. Has a mechanism been developed to ensure the sexual abuse prevention policies and procedures are implemented and enforced throughout the organization?  Yes  No
4. Are the policies and procedures reviewed with employees and volunteers on at least an annual basis?  Yes  No
5. Is there a physical/sexual abuse prevention coordinator that reports to a member of management?  Yes  No
6. Are management and staff members trained on policies and procedures relating to the Physical/Sexual Abuse Prevention Program?  Yes  No
7. Do you require participation in a training program explaining proper conduct before an employee is allowed to work with anyone under the age of 18?  Yes  No  
 Do you require volunteers to participate in the same training prior to working with children/youth members?  Yes  No
8. Do policies and procedures include an incident reporting and follow-up mechanism?  Yes  No
9. Indicate the following that are currently in place?  
 Standard applications are used for all prospective employees and volunteers  
 Two Background checks ordered on prospective employees  Two Background checks ordered on prospective volunteers  
 Personal references contacted prior to making an offer of employment to a prospective employee  
 Personal references contacted on prospective volunteers
10. Do background checks include checks with "Sex Offender Hot-Lines," State Police, State Dept. of Social Service, or similar public agencies (where applicable)?  Yes  No
11. Does each new employee have a supervised probationary period prior to involvement with children and youth activities?  Yes  No  
 If yes, how long is the probationary period? \_\_\_\_\_  
 If no, describe circumstances: \_\_\_\_\_
- Would the probationary period apply to new volunteers?  Yes  No
12. In the past 5 years, have any employees been terminated for cause related to physical or sexual abuse behavior?  Yes  No
13. Are records maintained documenting adherence to all applicable policy and procedures (e.g., hiring and screening, code of conduct, training, incident, and follow-up procedures)?  Yes  No
14. Are you aware of any circumstances that may result in a sexual abuse claim?  Yes  No  
 If yes, explain on a separate sheet.
15. Have any members of the staff been transferred because of allegations of sexual abuse?  Yes  No
16. Has any insurer ever cancelled or non-renewed coverage?  Yes  No  
 If yes, please explain: \_\_\_\_\_

**D. COVERAGE HISTORY**

**Physical/Sexual Abuse (current year and prior 5 years)**

Policy Term	Carrier	Limit/SIR	Claims Made/ Occurrence	Aggregate	Retro Date	Defense Inside / Outside	Policy Premium

**CHILD CARE**

1. Types of Services Provided:
- Mother's Day Out # of children enrolled \_\_\_\_\_  
# of days per week and hours \_\_\_\_\_  
# of staff \_\_\_\_\_
- Day Care # of children enrolled \_\_\_\_\_  
# of days per week and hours \_\_\_\_\_  
# of staff \_\_\_\_\_
- Pre-School # of children enrolled \_\_\_\_\_  
# of days per week and hours \_\_\_\_\_  
# of staff \_\_\_\_\_
2. Are all of your childcare locations licensed by your state's regulatory agency?  Yes  No  
If no, provide details: \_\_\_\_\_
3. Does the ratio of staff to children meet state requirements?  Yes  No
4. Are the director and staff members certified and trained?  Yes  No
5. Are criminal background checks conducted on all staff, including employees and volunteers?  Yes  No
6. Are children taken off site for any activities?  Yes  No
7. What was the date of the last inspection by licensing agency? \_\_\_\_\_
8. Were there any violations or deficiencies noted? If yes, attach copy of report.  Yes  No
9. Are there written procedures in place including rules, codes of conduct, and disciplinary measures for sexual abuse prevention?  Yes  No
10. Have any staff members been transferred or discharged due to allegations or incidents of child abuse?  Yes  No  
If yes, provide complete details: \_\_\_\_\_
11. Is training provided for staff and volunteers on policies and procedures on child abuse prevention?  Yes  No
12. What is the policy regarding sick children? \_\_\_\_\_
13. Are records kept of all accidents and illnesses?  Yes  No
14. What is the policy of dispensing and storing of medication? \_\_\_\_\_
15. Is there a nurse employed by the institution?  Yes  No
16. Is there a doctor on call?  Yes  No
17. Is there an infirmary?  Yes  No
18. Is there a student accident policy in place for all students?  Yes  No  
If yes, provide details: \_\_\_\_\_
19. If your facility was built prior to 1980, has the premises been inspected and certified as lead free?  Yes  No
20. Do you have an outdoor play area?  Yes  No  
If yes:  
Does the value of your outdoor equipment, including surfacing exceed \$25,000?  Yes  No  
Was all equipment manufactured by a commercial manufacturer?  Yes  No  
Was all equipment installed by an insured contractor?  Yes  No
21. Is daily transportation provided for children?  Yes  No

**SCHOOL LIABILITY**

1. Please indicate how this organization is chartered or incorporated and the original date filed:  
\_\_\_\_\_
2. Do you have a Risk Manager or Safety Officer?  Yes  No
3. Do you have a formal safety and loss control program?  Yes  No
4. Do you have a program for facility and equipment inspection?  Yes  No  
If yes, is it documented?  Yes  No Frequency \_\_\_\_\_
5. Are there any vacant or unoccupied school buildings?  Yes  No  
If yes, provide location, description, and inspection procedures: \_\_\_\_\_
6. Do you have any renovation or new building construction planned for the next 12 months?  Yes  No  
If yes, please describe: \_\_\_\_\_
7. Does the school require certificates for any contractor?  Yes  No  
If yes, do contracts require school to be named as additional insured?  Yes  No
8. Is there regular outside use of school property?  Yes  No
9. Do you have a formal building use form?  Yes  No
10. Bleachers?  Yes  No  
If yes, # with seating capacity of:  
Less than 250 \_\_\_\_\_ 251 - 500 \_\_\_\_\_ 501-1,000 \_\_\_\_\_ More than 1,000 \_\_\_\_\_

**SCHOOL LIABILITY (continued)**

11. Does the school have a swimming pool?  Yes  No  
If yes, # Indoor: \_\_\_\_\_ # Outdoor: \_\_\_\_\_ Open to Public?  Yes  No  
# of Diving Boards: \_\_\_\_\_ Maximum Height: \_\_\_\_\_ Depth: \_\_\_\_\_
12. Please check below if any school sponsored events or classes are related to:  
 Carpentry  Forestry  Vocational Agriculture  Aircraft  
 Watercraft  Rifle Range  Skateboard Parks  Trampoline  
 Rock Climbing  Rodeo Events  Wilderness  Adventure or Survival
13. Does the school have a student accident policy?  Yes  No  
If yes, is it voluntary or are all students covered? \_\_\_\_\_
14. Are student athletics required to have medical coverage?  Yes  No
15. Does the school have a comprehensive written plan for handling violence?  Yes  No
16. Does the school have a written disaster plan?  Yes  No

**MEDIA EXPOSURE**

1. Does the church use a logo in any of their materials?  Yes  No  
If yes, has it been copyright searched?  Yes  No  
By whom? \_\_\_\_\_  
Is your logo copyrighted or registered?  Yes  No
2. Are all media publications (including internet, commercials and written materials) subject to legal review prior to use?  Yes  No
3. Do you always obtain waivers that specifically release the church from all liability prior to using the likeness of others or using the work products of others?  Yes  No
4. Does the church:  
a. Publish written or recorded materials?  Yes  No  
**If yes, complete section A**  
b. Have a website, host an internet chat room, or message board?  Yes  No  
**If yes, complete section B**  
c. Produce commercials, television shows, or radio shows?  Yes  No  
**If yes, complete section C**

**A. PUBLISHED MATERIALS**

5. Do you publish pamphlets, brochures, or newsletters?  Yes  No  
If yes, attach samples of each.
6. Do you publish recorded materials or books?  Yes  No  
If yes, attach a catalog of materials.
7. Materials are designed by:  Employee  Volunteer  Contractor  
If materials are designed by a contractor, is a certificate of insurance obtained?  Yes  No
8. What are the annual sales from materials produced or created by you? \_\_\_\_\_
9. Does the church have a publisher's liability policy?  Yes  No

**B. WEBSITE/INTERNET**

10. Website is designed by:  Employee  Volunteer  Contractor  
If materials are designed by a contractor, is a certificate of insurance obtained?  Yes  No
11. Does your website contain links to other websites?  Yes  No  
If yes, who reviews the content of the linked websites? \_\_\_\_\_
12. Does your webmaster preserve historical "views" of your website?  Yes  No  
If yes, how often? \_\_\_\_\_
13. Do you sell any goods or services from the internet?  Yes  No  
If yes, is the transmission of private information secure?  Yes  No  
What are the annual gross sales from the internet? \_\_\_\_\_
14. Does your organization sponsor a "chat room" or message board?  Yes  No  
If yes, does your organization have procedures in place to monitor or edit messages?  Yes  No  
If yes, attach a description of procedures.

**C. RADIO OR TELEVISION**

15. How many commercials or public service announcements (PSAs) are produced either by you or on your behalf annually? \_\_\_\_\_ (attach a separate sheet showing the topics of each)
16. Commercials are produced by:  Employee  Volunteer  Contractor  
If commercials are designed by a contractor, is a certificate of insurance obtained?  Yes  No
17. Does the church sponsor or produce a radio or television program?  Yes  No  
If yes, attach a program schedule and description of program.

## SPECIAL EVENTS

### A. SPECIAL EVENTS

If you sponsor or participate in any of the following, complete a separate Special Event section for each:

None of the following apply.

Event includes:

Attendance of more than 300

Aircraft or Watercraft

Mechanical or Non-Mechanical Entertainment Device (i.e., Bouncers or Slides)

Athletic Participants (i.e., Rope Courses, Climbing Walls, Marathons)

Parades - Participation or Sponsorship

Haunted House

Animals

Firework Sales or Shows

Home Tours

Use of Motorized Vehicles of any Kind

1. Location, type of event, and event date: \_\_\_\_\_  
 Number of participants and ages: \_\_\_\_\_ # of spectators and ages: \_\_\_\_\_  
 # of staff present: \_\_\_\_\_ # of volunteers: \_\_\_\_\_
2. Do you have experience with this type of event?  Yes  No  
 If no, do you have an experienced event manager?  Yes  No
3. Who supervises youth at the event? \_\_\_\_\_
4. Who provides security? \_\_\_\_\_  
 Are security personnel armed?  Yes  No  
 If outside security firm, do you obtain a certificate of insurance?  Yes  No
5. Will liquor be served?  Yes  No  
 If yes, will a charge be made?  Yes  No  
 What percentage of revenues are from liquor sales? \_\_\_\_\_  
 Is a drink maximum imposed on attendees?  Yes  No  
 Are formal controls in place to avoid serving to minors?  Yes  No  
 If yes, please explain: \_\_\_\_\_
6. Are certificates obtained from all vendors?  Yes  No
7. If this is an athletic event, list numbers and types of medically trained personnel present:  
 RN: \_\_\_\_\_ LPN: \_\_\_\_\_ EMT: \_\_\_\_\_ MD: \_\_\_\_\_ PA: \_\_\_\_\_ Other: \_\_\_\_\_
8. Will additional insureds be needed for this event?  Yes  No  
 If so, who: \_\_\_\_\_
9. Will you be using portable bleachers?  Yes  No
10. Will there be mechanical rides, non-mechanical rides, or entertainment devices?  Yes  No  
 If yes, describe: \_\_\_\_\_

### B. BINGO

11. How many games are held weekly? \_\_\_\_\_
12. Do you hold regular activities at the same time as bingo?  Yes  No
13. Are you responsible for setting up and all maintenance?  Yes  No  
 If no, who is? \_\_\_\_\_
14. Are you responsible for all snacks?  Yes  No  
 If no, who is? \_\_\_\_\_
15. Is a church staff member present to supervise?  Yes  No
16. Who monitors the capacity requirements of the facility? \_\_\_\_\_
17. What are the number of bingo admissions annually? \_\_\_\_\_
18. Who provides security? \_\_\_\_\_  
 Are security personnel armed?  Yes  No  
 If an outside firm, do you obtain a certificate of insurance?  Yes  No

## COMMERCIAL KITCHEN

1. Gross annual sales: \$ \_\_\_\_\_
2. If food is not sold, how many meals are served annually? \_\_\_\_\_
3. Please indicate all cooking equipment applicable at your premises:  
 Grill  Deep Fryer  Broiler  Other Commercial Appliance
4. Is automatic fire extinguishing system provided for all cooking surfaces?  Yes  No
5. Is cleaning and service provided under a service agreement with a contractor?  Yes  No
6. Indicate all other fire protection applicable at your premises:  
 Fire Extinguishers: How many? \_\_\_\_\_  
 Wet Sprinklers  Dry Sprinklers  Other: \_\_\_\_\_
7. Ducts are located?  On an interior wall  On an exterior wall

The undersigned represents that all statements and answers to questions are true, complete, and accurate and that there have been no suppression or misstatement of fact.

THE APPLICANT ACCEPTS NOTICE THAT HE/SHE IS REQUIRED TO PROVIDE WRITTEN NOTIFICATIONS TO THE COMPANY OF ANY CHANGES IN THE RESPONSES GIVEN TO THIS APPLICATION THAT MAY HAPPEN BETWEEN THE SIGNATURE DATE BELOW AND ANY PROPOSED EFFECTIVE DATE.

The undersigned is an authorized representative of the applicant and certifies that reasonable inquiry has been made to obtain the answers to questions on this application. He/she certifies that the answers are true, correct, and complete to the best of his/her knowledge.

Date Signed

Signature of Applicant

Name and Title

#### FRAUD WARNINGS

**NOTICE TO APPLICANTS:** 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO ARKANSAS, NEW MEXICO, AND WEST VIRGINIA 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 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, AND 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 AUTHORITIES.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** 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.

**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 KENTUCKY APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.

**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 INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, OR A DENIAL OF INSURANCE BENEFITS.

**NOTICE TO NEW JERSEY APPLICANTS:** ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO NEW YORK APPLICANTS:** 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.

**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:** 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 (365:15-1-10, 36 §3613.1).

**NOTICE TO PENNSYLVANIA APPLICANTS:** 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.

**NOTICE TO TENNESSEE, VIRGINIA, AND WASHINGTON APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

**NOTICE TO VERMONT APPLICANTS:** 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 ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

Please return completed application to: Church Mutual Insurance Company  
[spehke@churchmutual.com](mailto:spehke@churchmutual.com)