**RENEWAL APPLICATION FOR INSURANCE – CHURCH & SCHOOL**

|  |  |
| --- | --- |
| **COMMON POLICY INFORMATION** | |
| First Named Insured and other Named Insureds: |  |
| Address: |  |
| City, State, Zip Code: |  |
| Phone Number: |  |
| Website: |  |
| FEIN # |  |
| Would you like a premium finance agreement option? | Yes  No |
| Inspection Contact: | Name:                 Phone Number: |
| Annual Revenues: |  |
| Number of Employees: |  |
| Operation (check all that apply): | Church  Office  Headquarters  Daycare    School  Camp  Ministry  Other |

|  |  |
| --- | --- |
| **DAYCARE (Including Preschool)  N/A** | |
| Total number of children on premises at any given time: | |
| What are the days and hours of operation? | |
| Yes  No | Daycare Medical |
| Yes  No | Playground Equipment |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SCHOOL  N/A** | | | | | | | |
| Number of Students (K-8) | |  | | (9-12) | |  | |
| Number of Teachers (K-8) | |  | | (9-12) | |  | |
| **COURSE AND ACTIVITIES INFORMATION**(check all that apply) | | | | | | | |
| Indicate Number of Students Participating beside each selected checkbox | | | | | | | |
| Basketball | | | Field or Ice Hockey | | Lacrosse | | Track/Cross Country |
| Baseball/Softball | | | Flag Football | | Tackle Football | | Soccer |
| Volleyball | | | Diving | | Swimming | | Gymnastics |
| Wrestling | | | Other: | | | | |
|  |  | | | | | | |
| Yes  No | Does the school carry separate Accident Insurance? | | | | | | |
| Yes  No | Student Medical | | | | | | |
| Yes  No | Athletics Medical Coverage Number of Athletes | | | | | | |

|  |  |
| --- | --- |
| **Additional Information** | |
| 1. Have there been any other operational changes from the expiring term:  Yes  No | |
| If yes, please explain: | |
|  | |
| 2. During the last year, has any claim or suit been made against you or any of your staff members arising out of, resulting from or in any way connected with your operations?  Yes  No | |
| If yes, please explain: | |
|  | |
| **WARNINGS AND ACKNOWELDGEMENTS** |

**Insurance Fraud Warning**

Any person who knowingly, and with intent to defraud or deceive 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 in certain jurisdictions and is a felony in some states. Such persons may be subject to criminal and civil penalties including fines, imprisonment, and denial of insurance. **(Not applicable in Pennsylvania. For the Insurance Fraud Warning in Pennsylvania, refer to the information below.)**

**Applicable in Colorado only:** The following additional statement applies. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy 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.

**Applicable in New York only:** Any person who commits a fraudulent insurance act as described above shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Applicable to Pennsylvania only:** 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.

**Acknowledgments**

The undersigned declares that to the best of his or her knowledge, the statements set forth herein are true and correct and that reasonable efforts have been made to obtain sufficient information from each and every proposed Insured to facilitate the proper and accurate completion of this Application. The signing of the Application does not bind the insurance company to complete the insurance, but it is agreed that this Application and any additional documents submitted therewith are the representations of the Insured and are material and shall be the basis of the contract should a policy be issued. It is further agreed that any incorrect or incomplete statement in the Application could void the protection should a policy be issued.

The undersigned further agrees that if any significant adverse change in the condition of the Applicant is discovered between the date of completion of this Application and the date that coverage was bound with the Insuring Company, and such change renders this Application inaccurate or incomplete, notice of such change will be reported in writing to Promont Insurance Advisors immediately.

This Application shall be considered attached to and part of the Policy. Any material submitted with the Application shall be maintained on file with the Insurer and shall be deemed to be attached hereto as if physically attached.

|  |
| --- |
| **REPRESENTATION & WARRANTY STATEMENT** |

The Applicant understands and agrees that the following representations and warranties are material and that the Company is relying on the truthfulness of these representations and warranties, which are made the basis of and a condition for the Company’s acceptance of the risks covered by this insurance. The Applicant further understands and agrees that if any of the following material representations and warranties are false, or if the Applicant fails to comply with any of the following representations and warranties at any time during the policy period, the Applicant shall be deemed to have breached the insurance policy issued by the Company. A breach of any of the following representations and warranties will result in the policy not applying to any claim or suit brought thereunder.

1. The Applicant Insured hereby represents and warrants that the following are true and correct as of the inception date of the policy:

a. The information contained in this Application and all other Applications submitted to the Company by the Applicant or its agent is a just, full and true exposition of all the facts and circumstances with regard to the risk to be insured.

b. No claims have been made nor have any suitshave been filed against you or any other insureds in the past five (5) years other than as disclosed in the Application(s) and/or loss runs submitted to us.

c. There have been no losses in the last (5) years other than as disclosed in the Application(s) submitted to us.

|  |
| --- |
| **SIGNATURES** |

|  |  |  |
| --- | --- | --- |
| Signature of Owner, Officer, Partner, Shareholder, or Member | | |
| Name | Title | Email Address |
|  |  |  |
| Signature |  | |
| Date |  | |