

# MANN INSURANCE COMPANY

3108 S. Route 59 - Suite 124-175 Naperville, IL 60564  
(630) 375-6080 Fax (630) 375-6087



REQUEST FOR PROPOSAL 10/3/2006 Edition

Agency Contact Person	Phone Fax Email	Name of Church / Synagogue	Denomination
Name of Agency		Church Contact Person	Phone
Address		Church Mailing Address	
City	State	Zip	City
			State
			Zip
Policy Effective Date	Date Quote Needed	Church County	

**PROPERTY** (If there are more than 4 locations use another application front page)

Item	Address	Prot Class
1.		
2.		
3.		
4.		

Item	Description	RC or AC	Building Limit (Incl. Stained Glass)	Contents Limit	Deductible (\$500 Min)	Coins (Must be at least 90%)	Const Type	Total Area	# Stories	Year Built
1.										
2.										
3.										
4.										

Item	Year of Most Current Updates				Mortgagees (List Separately for Each Building)
	Roof	Electrical	Plumbing	Heating System	
1.					
2.					
3.					
4.					

**LIABILITY COVERAGE OPTIONS: \$1,000,000 Basic Limit**

Medical Payments	Yes___ No___	Limit: _____
Clergy Professional	Yes___ No___	Limit: \$1,000,000 if Selected
Directors & Officers	Yes___ No___	Limit: \$1,000,000 if Selected
Sexual Molestation	Yes___ No___	Limit: _____
Hired & Non-Owned Auto	Yes___ No___	Limit: \$1,000,000 if Selected
Employee Benefits Liability	Yes___ No___	Limit: \$1,000,000 if Selected

**MISCELLANEOUS COVERAGE OPTIONS:**

Equipment Breakdown	Yes___ No___
If yes, does Church have: Boiler___ Central Air___	
Clergy Floater	Yes___ No___ Limit_____
Sewer Backup	Yes___ No___
Money & Securities	Yes___ No___ Limit_____
Employee Dishonesty	Yes___ No___ Limit_____
Earthquake	Yes___ No___

**OTHER COVERAGES DESIRED (ATTACH ACORD APPLICATIONS FOR EACH):**

SCHEDULED AUTO\_\_\_ UMBRELLA\_\_\_ WORKERS COMPENSATION\_\_\_ INLAND MARINE\_\_\_

**5 YEAR LOSS EXPERIENCE**

Date	Nature of Loss	Amount of Loss

**Property Information: (Main Church / Synagogue Building)**

Distance to servicing fire department: \_\_\_\_\_ Distance to nearest fire hydrant: \_\_\_\_\_

Smoke and/or Heat Detector: Central Station \_\_\_\_\_ Local Wired w/Battery Backup \_\_\_\_\_ Local Battery Operated \_\_\_\_\_

Burglar Alarm: Central Station \_\_\_\_\_ Local Wired w/Battery Backup \_\_\_\_\_ Local Battery Operated \_\_\_\_\_

Is there a steeple? Yes \_\_\_ No \_\_\_ If Yes, is there grounded lightning protection? Yes \_\_\_ No \_\_\_ Is it UL Approved? \_\_\_\_\_

Type of roof material: \_\_\_\_\_ Is the Church / Synagogue building on the Historical Register? Yes \_\_\_ No \_\_\_

Was the building originally built as a church? Yes \_\_\_ No \_\_\_ Are there any uncorrected Fire Code violations? Yes \_\_\_ No \_\_\_

Are there any bankruptcies, tax or credit liens against the Church / Synagogue in the past 5 years? Yes \_\_\_ No \_\_\_

Does the Church / Synagogue have cooking facilities? Yes \_\_\_ No \_\_\_ How many times per week is cooking done? \_\_\_\_\_

Deep Fat Fryer: Yes \_\_\_ No \_\_\_ If there is a deep fat fryer, is there a UL-300 Ansul extinguishing system? Yes \_\_\_ No \_\_\_

Grill? Yes \_\_\_ No \_\_\_ Does the fire suppression system/duct work have a semi-annual inspection by a service contractor? Yes \_\_\_ No \_\_\_

**Liability Information:**

Current Number of Members \_\_\_\_\_ Members Last Year \_\_\_\_\_ Year Church was Founded \_\_\_\_\_

Number of Pastors / Priests / Rabbis \_\_\_\_\_ Number Employees \_\_\_\_\_ Number of Board Members \_\_\_\_\_

What is the extent of counseling services provided by Clergy? \_\_\_\_\_

Is the Insured a subsidiary of another entity? Yes \_\_\_ No \_\_\_ Does the Insured have any subsidiaries? Yes \_\_\_ No \_\_\_

**If yes, who?** \_\_\_\_\_

Does the Church / Synagogue operate or house a day care, preschool or full-time school? Yes \_\_\_ No \_\_\_

***If yes, a supplemental application is required***

Has the Church / Synagogue or any of its past or present directors, officers, trustees, committee members, employees or anyone acting in a ministerial capacity ever been involved in a lawsuit or claim for sexual abuse, misconduct, or molestation, or has any charge or arrest been made against said person for the same? Yes \_\_\_ No \_\_\_

**If Yes, please explain:**

Are you aware of any past or present incidents that could result in a claim of this nature? Yes \_\_\_ No \_\_\_

**If Yes, please explain:**

List all groups and auxiliary organizations operating within the sponsorship or sanction of the Church / Synagogue:

List outside groups that are allowed to use the Church / Synagogue premises:

If outside groups are allowed to use the premises, are certificates of insurance obtained? Yes \_\_\_ No \_\_\_

Does the Church / Synagogue formally lease any space to others? Yes \_\_\_ No \_\_\_

**If Yes, please indicate:** area of space leased \_\_\_\_\_ to whom is space leased? \_\_\_\_\_

Does the Church / Synagogue operate their own Cemetery, Mausoleum, or Columbarium? Yes \_\_\_ No \_\_\_

**If Yes, please indicate:** Annual Internments \_\_\_\_\_ Cemetery Acres \_\_\_\_\_

Does the Church / Synagogue employ a nurse, EMT or paramedic that provides medical services to members? Yes \_\_\_ No \_\_\_

**If Yes, please indicate:** how many are employed \_\_\_\_\_

Does the Church / Synagogue sponsor overnight trips which include children under the age of 16? Yes \_\_\_ No \_\_\_

**If Yes, please describe:**

Does the Church / Synagogue sponsor any foreign trips? Yes \_\_\_ No \_\_\_

**If Yes, please describe:**

Current Insurance Company \_\_\_\_\_ Current Premium \_\_\_\_\_

Has any policy or coverage been declined, cancelled or non-renewed in the past 5 years? Yes \_\_\_ No \_\_\_

**If Yes, why?** \_\_\_\_\_

**PLEASE FORWARD THIS APPLICATION WITH PICTURES OF EACH BUILDING TO:**  
**Mann Insurance Company 3108 S. Route 59 - Suite 124-175 Naperville, IL 60564**  
 Fax (630) 375-6087 (630) 375-6080

\_\_\_\_\_  
 AGENT'S SIGNATURE

\_\_\_\_\_  
 CHURCH REPRESENTATIVES SIGNATURE / Title