



PASTORS PROFESSIONAL LIABILITY COVERAGE QUESTIONNAIRE					DATE (MM/DD/YY)		
PRODUCER	PHONE (AC, No, Ext.):	APPLICANT NAME (First Named Insured) including MAILING ADDRESS AND ZIP CODE:					
		EFFECTIVE DATE	EXPIRATION DATE	<input type="checkbox"/>	DIRECT BILL	PAYMENT PLAN	AUDIT
				<input type="checkbox"/>	AGENCY BILL		
CODE: SUBCODE:		FOR COMPANY USE ONLY: SAI NUMBER:					
AGENCY							
CUSTOMER ID:							

CHECK THE APPROPRIATE BLOCK FOR LIMITS REQUESTED:

<input type="checkbox"/>	\$1,000,000 Each Counseling Incident/\$2,000,000 Aggregate
<input type="checkbox"/>	\$ 500,000 Each Counseling Incident/\$1,000,000 Aggregate
<input type="checkbox"/>	\$ 300,000 Each Counseling Incident/\$ 600,000 Aggregate

PART I – GENERAL INFORMATION:

1.a. Named Positions to be Scheduled

b. No of Persons Occupying Each Position

PLEASE ANSWER ALL QUESTIONS WITH EXPLANATIONS OF ANY "YES" ANSWERS:	YES	NO
2. Does someone other than the governing body determine/control counseling positions? If YES, please explain in the REMARKS section below.	<input type="checkbox"/>	<input type="checkbox"/>
3. Is any counseling of non-members provided? If YES, please indicate % with explanation:	<input type="checkbox"/>	<input type="checkbox"/>
4. Are any charges/fees made for counseling services ? If YES, please indicate % with explanation:	<input type="checkbox"/>	<input type="checkbox"/>
5. Any specialized counseling done (e.g., drugs, stress , depression)? If YES, please indicate % with explanation:	<input type="checkbox"/>	<input type="checkbox"/>
6. Any long term (over 3 months) counseling done? If YES, please explain the nature and duration of long-term counseling in the REMARKS Section below.	<input type="checkbox"/>	<input type="checkbox"/>
7. Has the religious institution or any insured person been involved in any claims, suits or incidents arising out of counseling activities in the past 5 years? If YES, please complete PART II – CLAIM/LOSS/INCIDENT HISTORY on the reverse.	<input type="checkbox"/>	<input type="checkbox"/>
8. Has insurance been cancelled, declined or non-renewed for any reason during the last 3 years or is a Cancellation or non-renewal pending? If YES, indicate reason in the REMARKS section below. (Not applicable in Missouri)	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS:

PART II – CLAIM/LOSS/INCIDENT HISTORY

1. ENTER ALL PASTORAL COUNSELING CLAIMS/LOSSES FOR THE PAST 5 YEARS					<input type="checkbox"/> CHECK HERE IF NONE	
Date of Claim/Loss	TYPE/DESCRIPTION OF CLAIM/LOSS	DATE OF CLAIM/LOSS	AMOUNT PAID	AMOUNT RESERVED	CLAIM/LOSS STATUS	
			\$	\$	<input type="checkbox"/>	OPEN
			\$	\$	<input type="checkbox"/>	CLOSED
			\$	\$	<input type="checkbox"/>	OPEN
			\$	\$	<input type="checkbox"/>	CLOSED
			\$	\$	<input type="checkbox"/>	OPEN
			\$	\$	<input type="checkbox"/>	CLOSED
2. LIST ANY PASTORAL COUNSELING INCIDENTS OF WHICH YOU ARE AWARE THAT HAPPENED FOR THE PAST 5 YEARS, BUT WHICH DID NOT RESULT IN AN ACTUAL CLAIM OR LOSS.					<input type="checkbox"/> CHECK HERE IF NONE	
	DATE OF INCIDENT	DESCRIPTION OF INCIDENT				

GENERAL FRAUD STATEMENT

[NOT APPLICABLE IN CO, HI NE, OH OK, OR, IN]

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSES OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, OR COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. [ME AND VA: INSURANCE BENEFITS MAY ALSO BE DENIED].

COLORADO

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 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 agencies.

HAWAII

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

OHIO

Any person who, with intent to defraud or knowing that he/she 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.

This notice is given as required by the laws of the State of Ohio.

APPLICANT'S SIGNATURE	PRODUCER'S SIGNATURE
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