



**GUIDEONE INSURANCE  
FAITHGUARD  
SUPPLEMENTAL APPLICATION**

1111 Ashworth Road  
West Des Moines, IA 50265-3544

Account No.	Agent No.
Policy No.	Quote No.

**This application attaches to and is made a comprised part of the Commercial Insurance Application.**

**Required:**

- Complete this supplement application
- Completed ACORD applications for lines of business and coverages requested
- Complete other applicable supplements based upon exposures and optional coverages requested.
- Two pictures of each building (front and rear)
- Currently valued loss reports for the past 3 years from prior carrier(s)

Common Policy Information	
1.	First Named Insured: _____
2.	Mailing Address: Street _____ City _____ State _____ Zip _____
3.	Website: _____ E-mail: _____
4.	Agency Name: _____
5.	GAP ID: _____ Marketing Lead Source: _____ Specific denomination: _____
6.	Is your organization: <input type="checkbox"/> For profit <input type="checkbox"/> Not for profit <input type="checkbox"/> Government
7.	Niche: <b>Church</b> Predominate sub-niche: <input type="checkbox"/> None <input type="checkbox"/> Camp <input type="checkbox"/> Day care/Pre-school <input type="checkbox"/> Headquarters <input type="checkbox"/> School K-12
8.	Were all buildings originally designed and constructed for their present occupancy? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> <i>If no, do all buildings meet building codes for their current occupancy?</i> <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
9.	Does your organization have any buildings under construction? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> <b>a. If yes, is the contractor carrying the builders' risk coverage?</b> <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> <i>If no, and builders' risk coverage is desired, please complete ACORD 140 and the Builders' Risk Supplemental Application.</i>
	<b>b. Provide 100% completed building value: \$</b> _____
10.	Average weekly worship service attendance: _____
11.	Pay Plan: <input type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly* (EFT Only) <input type="checkbox"/> Semi-Annual *Complete the "Authorization for EFT Monthly Bill Payment Plan" and "EFT Financial Account Information" forms.
12.	Total number of employees (full and part time): _____

Loss History					
(Required for all operations, when not submitting with ACORD 125 with Loss History completed) <input type="checkbox"/> Check if None					
Enter all claims or losses (regardless of fault and whether or not insured) or occurrences that may give rise to claims for the last three years.				Total Losses: \$	
Date of occurrence	Type / description of occurrence or claim	Date of claim	Amount paid	Amount reserved	Claim open Yes / No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

\* All items with an asterisk require further explanation in the "Remarks" section.

Name of Applicant			
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Property Information				
Buildings With Property Coverage				
Complete one column for each building with property coverage.	Location:	Building:	Location:	Building:
1. Green Upgrade:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Hurricane / Wind/Hail Deductible or Exclusion: (when none is selected the property deductible will apply for this peril, subject to eligibility)	<input type="checkbox"/> Hurricane <input type="checkbox"/> Wind/Hail	<input type="checkbox"/> None <input type="checkbox"/> Exclude	<input type="checkbox"/> Hurricane <input type="checkbox"/> Wind/Hail	<input type="checkbox"/> None <input type="checkbox"/> Exclude
Hurricane / Wind/Hail Deductible:	<input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> 5%		<input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> 5%	
3. Basement Square Feet:				
4. Roof Type:	<input type="checkbox"/> Asphalt shingles <input type="checkbox"/> Metal <input type="checkbox"/> Tile (clay or concrete) <input type="checkbox"/> Wood shingles/shake <input type="checkbox"/> Slate <input type="checkbox"/> Rubber <input type="checkbox"/> Built up (rock, tar) <input type="checkbox"/> Built up (non-ballasted) <input type="checkbox"/> Other _____		<input type="checkbox"/> Asphalt shingles <input type="checkbox"/> Metal <input type="checkbox"/> Tile (clay or concrete) <input type="checkbox"/> Wood shingles/shake <input type="checkbox"/> Slate <input type="checkbox"/> Rubber <input type="checkbox"/> Built up (rock, tar) <input type="checkbox"/> Built up (non-ballasted) <input type="checkbox"/> Other _____	
5. Year of last roof replacement				
6. Is your building equipped with a functioning fire alarm system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. <i>If yes, where does the fire alarm sound?</i>	<input type="checkbox"/> Local <input type="checkbox"/> Central Station (24 hours) <input type="checkbox"/> 911 Dispatch <input type="checkbox"/> Other _____		<input type="checkbox"/> Local <input type="checkbox"/> Central Station (24 hours) <input type="checkbox"/> 911 Dispatch <input type="checkbox"/> Other _____	
b. Is fire alarm system activated by:	<input type="checkbox"/> Heat detectors <input type="checkbox"/> Smoke detectors <input type="checkbox"/> Manual pull stations		<input type="checkbox"/> Heat detectors <input type="checkbox"/> Smoke detectors <input type="checkbox"/> Manual pull stations	
7. Are there any known structural concerns with the building?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Is there a commercial kitchen in the building? <i>If yes, is your kitchen equipped with a broiler, deep fat fryer, griddle, grill, tilt skillet or wok?</i> <i>If yes, complete the Commercial Cooking Survey.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No
9. Does the electrical system include any of the following:	<input type="checkbox"/> Knob and Tube <input type="checkbox"/> Fuse without fusestats <input type="checkbox"/> Fuse <input type="checkbox"/> Circuit Breaker		<input type="checkbox"/> Knob and Tube <input type="checkbox"/> Fuse without fusestats <input type="checkbox"/> Fuse <input type="checkbox"/> Circuit Breaker	
10. Year of last electrical system inspection by licensed electrician?				
11. Does the primary heat source include any of the following	<input type="checkbox"/> Space heater <input type="checkbox"/> Wood burning <input type="checkbox"/> Forced Air <input type="checkbox"/> Heat Pump <input type="checkbox"/> None of the above		<input type="checkbox"/> Space heater <input type="checkbox"/> Wood burning <input type="checkbox"/> Forced Air <input type="checkbox"/> Heat Pump <input type="checkbox"/> None of the above	
12. Are all scheduled buildings locked when not in use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. <input type="checkbox"/> <b>Key Person Replacement Expenses</b>				
14. <input type="checkbox"/> <b>Limited Flood Coverage</b> (Coverage is restricted in zones A and V)				
15. <b>Special Observance Days:</b> Please select a maximum of five days.				
<input type="checkbox"/> Christmas	<input type="checkbox"/> Hanukkah	<input type="checkbox"/> Lottie Moon	<input type="checkbox"/> Rosh Hashanah	<input type="checkbox"/> Thanksgiving
<input type="checkbox"/> Church Anniversary	<input type="checkbox"/> Kwanzaa	<input type="checkbox"/> Mother's Day	<input type="checkbox"/> Sukkoth	<input type="checkbox"/> Yom Kippur
<input type="checkbox"/> Easter	<input type="checkbox"/> Last Sunday of the Year		<input type="checkbox"/> Other:	

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Additional Liability – Special Operations or Events	
Are any of the following exposures present? (check all that apply) <span style="float: right;"><input type="checkbox"/> None of the below</span>	
<b>1. Coverage may be excluded, or included with an additional charge:</b> <input type="checkbox"/> Armed security guards – employees/volunteers Number of armed security guards: _____ Total Annual Payroll \$ _____ <input type="checkbox"/> Homeless shelter, ongoing (more than four times a year) Square footage used: _____ <input type="checkbox"/> Ramps/jumps used for any activity (e.g. bmx biking, skateboarding) <input type="checkbox"/> Special event (over 1000 in attendance) – open to public	
<b>2. Excluded: (indicate if these exposures exist)</b> <input type="checkbox"/> Crisis Counseling <input type="checkbox"/> Fireworks <input type="checkbox"/> Rebounding equipment/trampoline	

Optional Liability Coverages	
1.	<input type="checkbox"/> <b>Cemetery Professional Liability Coverage</b> Number of burials and/or remains handled annually: _____ Occurrence Limit \$ _____    Aggregate Limit \$ _____
2.	<input type="checkbox"/> <b>Counselors Liability Coverage</b> Number of licensed counselors: _____    Number of fee based counselors: _____
<b>Notes:</b>	
<ul style="list-style-type: none"> <li>• The Counselors Liability Supplemental Application must be submitted for quote or issue.</li> <li>• If a Counselor has both a license and charges a fee, please include within the fee based counseling only. Licensed ministers do not need to be included if they do not charge a fee, unless coverage is written on General Form.</li> </ul>	
3.	<input type="checkbox"/> <b>Directors and Officers Liability Coverage (DO)</b> <input type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made    Retroactive Date: _____    Total Assets: \$ _____ Prior Coverage Trigger <input type="checkbox"/> No prior coverage <input type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made    Retroactive Date: _____ Entry date into uninterrupted claims-made coverage: _____ Occurrence Limit \$ _____    Aggregate Limit \$ _____
<b>Notes:</b>	
<ul style="list-style-type: none"> <li>• Coverage may be subject to the completed DO Supplemental Application. See the underwriting guidelines to determine when the DO Supplemental Application is required.</li> </ul>	
4.	<input type="checkbox"/> <b>Directors and Officers and Educators Legal Liability Coverage (DO with EL)</b> <b>This is a claims-made coverage.</b> Retroactive Date: _____
<b>Notes:</b>	
<ul style="list-style-type: none"> <li>• The DO and EL Supplemental Application must be completed and submitted for this coverage.</li> </ul>	
5.	<input type="checkbox"/> <b>Educators Management Liability Coverage (EML including DO, EL and EP)</b> <b>This is a claims-made coverage.</b> Retroactive Date: _____
<b>Note:</b>	
<ul style="list-style-type: none"> <li>• The EML Supplemental Application must be completed and submitted for this coverage.</li> </ul>	
6.	<input type="checkbox"/> <b>Employment Practices Liability Coverage (EP)</b> <b>This is a claims-made coverage.</b> Retroactive Date: _____ <b>Defense costs are included within the policy limits</b> Limit: <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$200,000 <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$750,000 <input type="checkbox"/> \$1,000,000 Retention: <input type="checkbox"/> \$0 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 Prior Coverage Trigger <input type="checkbox"/> No prior coverage <input type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made    Retroactive Date: _____ Entry date into uninterrupted claims-made coverage: _____
<b>Notes:</b>	
<ul style="list-style-type: none"> <li>• Directors and Officers coverage is required in order to be eligible for this coverage.</li> <li>• Coverage may be subject to the completed EP Supplemental Application. See the underwriting guidelines to determine when the EP Supplemental Application is required.</li> </ul>	
7.	<input type="checkbox"/> <b>Faith Community Nurse Coverage (Parish Nurse)</b> Occurrence Limit \$ _____    Aggregate Limit \$ _____ Number of nurses: _____    Faith Community Nurse designation: _____
8.	<input type="checkbox"/> <b>Lost Wages Coverage</b> <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000
9.	<input type="checkbox"/> <b>Religious Expression Coverage</b> Occurrence Limit \$ _____    Aggregate Limit \$ _____

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**Optional Liability Coverages (continued)**

**10.  Sexual Misconduct Coverage**

**Notes:**

- The Sexual Misconduct Supplemental Application must be completed and submitted for this coverage
- *This coverage is non-binding.*

**Inland Marine**

**\*\*Attach schedule for each coverage requested. Show location, description (model #, etc.) and value for each item.**

**Unless otherwise indicated the deductible will be \$500 for each coverage requested.**

**1.  Business Personal Property of Others**

Deductible: \_\_\_\_\_ Windstorm/Hail Deductible: \_\_\_\_\_ Hurricane Deductible: \_\_\_\_\_  
 Total Limit \$ \_\_\_\_\_  Replacement Cost  Actual Cash Value  
 Primary Location where property is located: \_\_\_\_\_

**2.  Commercial Articles**

Deductible: \_\_\_\_\_ Windstorm/Hail Deductible: \_\_\_\_\_ Hurricane Deductible: \_\_\_\_\_  
 Replacement Cost  Actual Cash Value

**Cameras and Related Equipment** \*\*ACORD

Primary Location where property is located: \_\_\_\_\_  
 Total Limit \$ \_\_\_\_\_

**Musical Instruments and Related Equipment** \*\*ACORD

Primary Location where property is located: \_\_\_\_\_  
 Type of instrument/equipment: Organs Total Limit \$ \_\_\_\_\_ Other than Organs Total Limit \$ \_\_\_\_\_

**3.  Commercial Fine Arts** \*\*ACORD

Deductible: \_\_\_\_\_ Windstorm/Hail Deductible: \_\_\_\_\_ Hurricane Deductible: \_\_\_\_\_  
 Primary Location where property is located: \_\_\_\_\_  
 Total Limit \$ \_\_\_\_\_  Include Breakage

**4.  Miscellaneous Articles** \*\*ACORD

Deductible: \_\_\_\_\_ Windstorm/Hail Deductible: \_\_\_\_\_ Hurricane Deductible: \_\_\_\_\_  
 Primary Location where property is located: \_\_\_\_\_  
 Total Limit \$ \_\_\_\_\_  Replacement Cost  Actual Cash Value  
 **Scheduled** \*\*ACORD  
 **Blanket** Limit per item \$ \_\_\_\_\_ Total limit \$ \_\_\_\_\_

Miscellaneous articles consisting principally of:

**5.  Radio and Television Towers and Equipment**

Deductible: \_\_\_\_\_ Windstorm/Hail Deductible: \_\_\_\_\_ Hurricane Deductible: \_\_\_\_\_  
 Location : \_\_\_\_\_  
 Height: \_\_\_\_\_ Age: \_\_\_\_\_

- Maintenance program in effect  Covered Property is in fenced area  Lighting Protection is provided
- Radio and Television Towers Control Equipment Limit \$ \_\_\_\_\_
- Radio and Television Transmitting and Receiving Equipment Limit \$ \_\_\_\_\_
- Mobile Units Limit \$ \_\_\_\_\_

**6.  Watercraft**

Deductible: \_\_\_\_\_ Windstorm/Hail Deductible: \_\_\_\_\_ Hurricane Deductible: \_\_\_\_\_  
 Primary Location where property is located: \_\_\_\_\_  
 Replacement Cost  Actual Cash Value

**Motorized Watercraft**

Year	Manufacturer	Model	Registration Number	Horsepower	Length	Limit
						\$

**Outboard Motors**

Manufacturer	Model	Serial Number	Horsepower	Limit
				\$

**Non-Motorized Watercraft**

Manufacturer	Model	Serial Number	Length	Limit
				\$

**Watercraft Trailer**

Year	Manufacturer	Model	Serial Number	Length	Limit
					\$

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**Inland Marine (continued)**

<input type="checkbox"/> Miscellaneous Watercraft Equipment and Accessories Description:		Limit \$ _____
<b>7. Additional Coverages:</b>		
Accounts Receivable use ACORD 145	Signs use ACORD 144	
Computer System use ACORD 148	Valuable Papers use ACORD 145	

**Remarks**

(ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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**INSURANCE FRAUD WARNING:**

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.

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV:** 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 restitution, fines, or confinement in prison, or any combination thereof. \*Applies in MD only.

**Applicable in CO:** 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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK:** 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). \*Applies in FL only.

**Applicable in KS :** 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.

**Applicable in KY, NY, OH and PA:** 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 material 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 to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \* Applies in NY only.

**Applicable in ME, TN, VA and WA:** 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 and denial of insurance benefits. \*Applies in ME only.

**Applicable in NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**ACKNOWLEDGEMENT AND SIGNATURES:**

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

**APPLICANT MUST SIGN THIS APPLICATION IN ORDER FOR IT TO BE VALID**

Authorized Applicant Representative		Date	
Print Name		Title or Position	
Agent No.	Agency	Producer's Signature	License No.

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