Note to Typist: Before any revisions are made, contact line director in Line Services.

Also in Lotus Notes\Surveys & Worksheets\Countrywide.

|  |  |  |  |
| --- | --- | --- | --- |
| Account Number |  | Date |  |
|  |
| Named Insured |  |  |
|  |
| City/State |  |  |
|  |
| **GENERAL SURVEY** |
|  |
| Contact Person: |  |  | Title: |  |
|  |
| Phone Number: |  |  | Fax Number: |  |
|  |
| E-Mail Address: |  |  | Web Site: |  |
|  |

|  |  |
| --- | --- |
| 1. | Identify exposures not currently on policy (provide surveys for any new exposures): |

|  |  |
| --- | --- |
|  | [ ] Adult Day Care |
|  | [ ] Builders' Risk |
|  | [ ] Camp Operations |
|  | [ ] Counseling Program |
|  | [ ] Day Care, School, College |
|  | [ ] Denominational Office |
|  | [ ] Health Ministries Program |
|  | [ ] Operations in Nonowned Buildings |
|  | [ ] SRRP |
|  | [ ] Swimming Pool/Waterfront |
|  | [ ] None |
|  |  |

|  |  |
| --- | --- |
|  |  |
| 2. | LOSS HISTORY - REQUIRED FOR THE LAST THREE YEARS |
|  | [ ]  Previous Carrier Loss Run is Provided[ ]  Form UN 578 (5-97) is Provided[ ]  Signed Loss Letter From Insured is Provided[ ]  N/A - No Previous Insurance |
|  |
| 3. | PREMIUMS FOR THE LAST THREE YEARS: |
|  | $ |  |  |
|  | $ |  |  |
|  | $ |  |  |
|  |
| 4. | Name of previous carrier: |  |
|  |
| 5. | Insurance has been cancelled or nonrenewed in the last three years N/A State = MO |
|  | [ ]  Yes [ ]  No If yes checked, provide details: |  |
|  |
| 6. | Is named insured incorporated as a religious non-profit organization? |
|  | [ ]  Yes [ ]  No If no checked, provide details: |  |
|  |
|  |  |
|  |
| 7. | Number of years in existence[ ] New Operation[ ] Less Than 1[ ] 1 - 5[ ] 6 and Over |
|  |
| 8. | Named insured interest[ ] Owner[ ]  Tenant If tenant is checked, tenant plans to buy or build [ ]  Yes [ ]  No  |
|  | [ ]  \*Other If other checked, provide details: |  |
|  |
|  |  |
|  |
| 9. | Building was constructed by: select all that apply |

|  |  |
| --- | --- |
|  | [ ] Contract Labor Only |
|  | [ ] Contract/Volunteer Labor |
|  | [ ] Volunteer Labor Only |
|  | [ ] \*Other If checked, provide details: |  |

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| --- |
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|  |  |
|  |
| 10. | Are any of the primary buildings converted structures? |
|  | [ ]  Yes [ ]  No If yes, checked, provide details and building number(s): |  |
|  |
|  |  |
|  |
| 11. | Congregation is led by licensed/ordained clergy[ ]  Yes [ ]  No  |
|  |
| 12. | Church membership is:[ ]  Growing[ ]  Stable[ ]  Declining |
|  |
| 13. | Average number of attendees:  |

|  |  |
| --- | --- |
|  | [ ] Less Than 50 |
|  | [ ] 51 - 250 |
|  | [ ] 251 - 500 |
|  | [ ] Over 500 |

|  |
| --- |
|  |
| 14. | Identify adjacent buildings and exposures including occupancy, construction and distance: |
|  | (N) |  |  | (E) |  |
|  | (S) |  |  | (W) |  |
|  |
| 15a. | Pressure vessels (boilers) are present |
|  | [ ]  Yes [ ]  No If yes checked, provide building numbers |  | and the following: |
|  |
| 15b. | Name of contact person for inspection purposes: |  |
|  |
| 15c. | Phone number of contact person: |  |
|  |
| 16. | Are there sprinkler systems in any building? |
|  | [ ]  Yes [ ]  No If yes checked, building number(s) |  |  |
|  |
| 17. | Are there adequate fire extinguishers in each building?[ ]  Yes [ ]  No |
|  |
| 18. | Have all extinguishers been checked within the last year?[ ]  Yes [ ]  No |
|  |
| 19. | Are there adequate smoke detectors in each building? [ ]  Yes [ ]  No |
|  |
| 20. | Are any buildings protected by fire alarm systems?[ ]  Yes [ ]  No |
|  | [ ] Central Station Alarm |  | % of Building # |  | Protected |
|  | [ ] Local Alarm |  | % of Building # |  | Protected |
|  |  |
| 21. | Are any buildings protected by burglar alarm systems?[ ]  Yes [ ]  No |
|  | [ ] Central Station Alarm |  | % of Building # |  | Protected |
|  | [ ] Local Alarm |  | % of Building # |  | Protected |
|  |
| 22. | Does insured use security personnel?[ ]  Yes [ ]  NoIf yes, they are: [ ] Employees[ ] Volunteers [ ] Contract Labor |
|  | [ ] Other |  |
|  |
| **IF SECURITY PERSONNEL ARE ARMED, REFER TO HOME OFFICE.** |
|  |
| 23. | Who is responsible for building maintenance? |

|  |  |
| --- | --- |
|  | [ ] Full-Time Custodian |
|  | [ ] Volunteers |
|  | [ ] Part-Time Custodian |
|  | [ ] Contract Labor |

|  |  |  |
| --- | --- | --- |
|  | [ ] \*Other If checked, provide details: |  |
|  |
| 24. | Cooking facilities on premises[ ]  Yes [ ]  No If yes:[ ]  Residential Cooking Facilities[ ]  Commercial Cooking FacilitiesIf checked, automatic extinguishing system[ ]  Yes [ ]  No |
|  | If checked, date last serviced: |  |
|  | Insured has a cleaning contract for hood duct systems and exhaust fans[ ]  Yes [ ]  No |
|  |
| 25. | Are any building over 30 years old:[ ]  Yes [ ]  No If yes, provide dates of modernization for: |
|  |  |  |  | BUILDING # |
|  | [ ]  Electrical |  |  |  |
|  | [ ]  Plumbing |  |  |  |
|  | [ ]  Heating/Cooling |  |  |  |
|  | [ ]  Other |  |  |  |
|  |
| 26. | General condition of building: |

|  |  |
| --- | --- |
|  | [ ] Excellent |
|  | [ ] Good |
|  | [ ] Fair |
|  | [ ] Poor |

|  |
| --- |
|  |
| 27. | General condition of roof: |

|  |  |
| --- | --- |
|  | [ ] Excellent |
|  | [ ] Good |
|  | [ ] Fair |
|  | [ ] Poor |
|  | [ ] Not Observable |
|  |  |
|  |  |
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| --- |
|  |
| 28. | Age of roof or year last replaced: |  |  |
|  |
| 29. | Insured owns additional building(s) not scheduled.  |
|  | [ ]  Yes [ ]  NoIf yes, provide address & occupancy |  |
|  |
| 30. | Check any of the following that apply: | Identify Each Building and Provide Details for All Checked |
| 30A. [ ]  Interior Water Damage |  |
| 30B. [ ]  Deteriorated/Cracked Foundation or Walls |  |
| 30C. [ ]  Insect or Vermin Infestation |  |
| 30D. [ ]  Steps Without Proper Handrails |  |
| 30E. [ ]  Leaking/Outdated Plumbing |  |
| 30F. [ ]  Improper/Inadequate Wiring |  |
| 30G. [ ]  Deteriorated or Sagging Roof |  |
| 30H. [ ]  Cracked or Uneven Walkways |  |
| 30I. [ ]  Vacant Building(s) |  |
| 30J. [ ]  Temporary Wiring/Extension Cord Use |  |
| 30K. [ ]  Interior Mold |  |
| 30l. [ ]  Other [ ]  Describe |  |
| 30m. [ ]  None Apply  |  |

|  |  |
| --- | --- |
| 31. | Select activities/exposures that apply to this insured and provide details in remarks: |

|  |  |
| --- | --- |
|  | [ ] Athletics |
|  | [ ] Cemeteries or Burial Operations |
|  | [ ] Fair Stand |
|  | [ ] Fireworks |
|  | [ ] Food Pantry |
|  | [ ] Food Service to Public |
|  | [ ] Foreign Operations/Activities (Foreign Mission Trips) |
|  | [ ] Fund Raising Activities |
|  | [ ] Haunted House |
|  | [ ] Hayrides |
|  | [ ] Horseback Riding |
|  | [ ] Inflatables (Owned/Nonowned) |
|  | [ ] Off-Premises Youth Activities |
|  | [ ] Operation of Off Road Vehicles (ATV's Golf Carts, Etc.) |
|  | [ ] Other (Programs or Activities Not Common to Churches) |
|  | [ ] Skateboarding on Premises |
|  | [ ] Snow Skiing |
|  | [ ] Special Events Off-Premises Involving General Public |
|  | [ ] Temporary Housing (Homeless) |
|  | [ ] Thrift Shop |
|  | [ ] Trampoline |
|  | [ ] Vacant Land (Away From Premises) |
|  | [ ] Water Skiing |
|  | [ ] None Apply |

|  |
| --- |
|  |
|  | REMARKS for those items selected: |  |
|  |
|  |  |
|  |
| 32. | List other person(s) or organization(s) who lease the premises |

|  |  |  |
| --- | --- | --- |
|  | Name: |  |
|  | Lessee Usage: |  |
|  | [ ]  N/A |  |
|  | Name: |  |
|  | Lessee Usage: |  |
|  |  |  |

|  |
| --- |
|  |
| 33. | Average weekly offerings:  |  |  |
|  |
| 34. | Offerings are counted by two or more unrelated individuals |
|  | [ ]  Yes [ ]  No If no checked, provide details: |  |
|  |
| 35. | Offerings are deposited immediately after services |
|  | [ ]  Yes [ ]  No If no checked, provide details: |  |
|  |
| 36. | Insured attends/sponsors overnight or weekend camping trips |
|  | [ ]  Yes [ ]  No  |
|  |
| **LOSS CONTROL CHECKLIST (Make Recommendations When Necessary)** |
| 37.38.39.40.41. | Buildings locked when unattended.[ ]  Yes [ ]  No Sidewalks well maintained including ice and snow removal where applicable.[ ]  Yes [ ]  No Combustibles stored in the furnace/boiler room.[ ]  Yes [ ]  NoDamaged doors or windows.[ ]  Yes [ ]  NoAll exits lighted.[ ]  Yes [ ]  No |
| 42.43.44.45.46. | All exit doors are equipped with panic hardware.[ ]  Yes [ ]  NoFirst aid kit on the premises.[ ]  Yes [ ]  NoGrounds well-maintained. (Free of debris, etc.)[ ]  Yes [ ]  NoDownspouts directed away from walkways.[ ]  Yes [ ]  NoAdequate outside lighting.[ ]  Yes [ ]  No |
|  | REMARKS: |  |
|  |
|  |  |
|  |
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