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

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| --- | --- | --- |
|  | 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 |
|  |  |

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| 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: | | | | | |  |
|  | | | | | | | |
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|  | | | | | | | |
| 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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| 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 |

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|  | | | | | | | | | | | | | | | | | | |
| 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.** | | | | | | | | | | | | | | | | | | |
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| 23. | Who is responsible for building maintenance? | | | | | | | | | | | | | | | | | |

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

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|  | | \*Other If checked, provide details: | | |  | | |
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| 24. | | Cooking facilities on premises  Yes  No If yes:  Residential Cooking Facilities  Commercial Cooking Facilities  If 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 |

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

|  |  |
| --- | --- |
|  | Excellent |
|  | Good |
|  | Fair |
|  | Poor |
|  | Not Observable |
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| 28. | | Age of roof or year last replaced: |  |  | |
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| 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 | |  | |

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

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|  | 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 |

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

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

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| 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  No  Damaged doors or windows.  Yes  No  All exits lighted.  Yes  No | | | | |
| 42.  43.  44.  45.  46. | All exit doors are equipped with panic hardware.  Yes  No  First aid kit on the premises.  Yes  No  Grounds well-maintained. (Free of debris, etc.)  Yes  No  Downspouts directed away from walkways.  Yes  No  Adequate outside lighting.  Yes  No | | | | |
|  | REMARKS: |  | | | |
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