Also in Lotus Notes\CMIC\Countrywide, Agency Lotus Notes\CMIC\Countrywide, and Forms\UMB

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Coverage Trigger | | | | | | | | | | | | | | | | |
| **Church Mutual Insurance Company** | | | | | | | | | | | | | | | | |
| Quotation Only | | | | **3000 Schuster Lane** | | | | |  | | Occurrence | | | | | |
|  | | | | **P.O. Box 357** | | | | |  | |  | | | | | |
|  | | | | **Merrill, WI 54452** | | | | |  | | Claims Made - Claims | | | | | |
|  | | | |  | | | | |  | | | Made Retroactive | | | | |
|  | | | | **UMBRELLA LIABILITY POLICY** | | | | |  | | | Date | | | |  |
|  | | | |  | | | | |  | |  | | | | | |
| **APPLICATION** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| (This is not a binder.) | | | | | | | | | | | | | | | | |
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|  | | | | | | Policy No. | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Quote Needed By | |  | | | | Division-Agent | | | |  | | | - |  | | |
|  | | | | | | | | | | | | | | | | |
| Amount and Date Quoted | | |  | | | Sold By | | | |  | | | - |  | | |
|  | | | | | | | | | | | | | | | | |
| Payment Mode: | Annual | | | | Semiannual | | Quarterly | | | | | | | | Monthly | |
|  | | | | | | | | | | | | | | | | |
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| --- | --- | --- | --- | --- | --- |
| Demographic Survey | | | | | |
|  | | | | | |
| A. | Religious Body | |  | | |
| B. | Denomination | |  | | |
| C. | Geographic Division | | |  | |
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|  | | |  | | |
| Billing Exception: | | |  | | |
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| **DECLARATIONS** | | | | | | | | | | | | | | | | | | | | | | |
| 1. | Named Insured | | | |  | | | | | | | | | | | | | | | | | |
|  | Named Insured Mailing Address | | | | | | | |  | | | | | | | | | | | | | |
|  | City |  | | | | | County | | |  | | | | State | | |  | | Zip Code | | |  |
| 2. | Policy Period. From: | | | | |  | | | | | | | To: | | |  | | | | | | |
|  | New Policy  Renewal of Pol. No. | | | | | | | | | |  | | | | Replace Pol. No. | | | | |  | | |
| 3. | The Named Insured Is:  Religious Institution  Denominational Office  Health Care Facility | | | | | | | | | | | | | | | | | | | | | |
|  | and is  Corp.  Other | | | | | | | | | | |  | | | | | | | | | | |
| 4. | Limits of Insurance: | | | | | | | | | | | | | | | | |  | | | | |
|  | | | General Aggregate Limit | | | | | | | | | | | $ |  | | | | | |  | |
|  | | | Each Occurrence Limit (BI & PD Combined) | | | | | | | | | | | $ |  | | | | | |  | |
|  | | | Personal and Advertising Injury Limit | | | | | | | | | | | $ |  | | | | | |  | |
|  | | | Self Insured Retention | | | | | | | | | | | $ | 10,000 | | | | | |  | |
| 5. | Forms and endorsements that apply to this policy. (HO USE ONLY) | | | | | | | | | | | | | | | | | | | | | |
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| 6. | Schedule of Underlying Insurance. (Always complete the schedule on next page.) | | | | | | | | | | | | | | | | | | | | | |
| 7. | Premium: | | |  | | | | (HO USE ONLY) | | | | | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |

**Schedule of Underlying Insurance**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Kind Of**  **Coverage** | **Name of Company**  **and Policy Period** | | | | **Limits of Insurance** | | |
|  |  | | | |  |  |  |
|  |  | | | | $ |  | General Aggregate |
|  |  | | | |  |  | Products and Completed |
| General | Company:  Church Mutual | | | | $ |  | Operations Aggregate |
| Liability | Other: |  | |  | $ |  | Each Occurrence (BI and PD) |
|  | Policy Period: | |  |  | $ |  | Personal and Advertising Injury |
|  |  | |  |  |  |  | OR |
|  |  | | | | $ |  | Liability |
|  |  | | | | $ |  | Aggregate |
|  |  | | | |  |  |  |
|  |  | | | |  |  |  |
|  | Company:  Church Mutual | | | |  |  |  |
| Counseling | Other: |  | |  | $ |  | Each Claim |
| Professional | Policy Period: | |  |  | $ |  | Aggregate |
|  |  | |  |  |  |  |  |
|  |  | | | |  |  |  |
|  |  | | | |  |  |  |
| Health Care | Company:  Church Mutual | | | |  |  |  |
| Facility | Other: |  | |  | $ |  | Each Claim |
| Professional | Policy Period: | |  |  | $ |  | Aggregate |
|  |  | |  |  |  |  |  |
|  |  | | | |  |  |  |
|  |  | | | |  |  |  |
| Hired and | Company:  Church Mutual | | | | $ |  |  |
| Nonowned | Other: |  | |  | $ |  | Each Claim |
| Automobile | Policy Period: | |  |  | $ |  | Aggregate |
|  |  | |  |  |  |  |  |
|  |  | | | |  |  |  |
| Hired and |  | | | |  |  |  |
| Nonowned | Company:  Church Mutual | | | | $ |  | Each Accident or Loss: |
| Automobile- | Other: |  | |  |  |  | OR |
| Uninsured/ | Policy Period: | |  |  | $ |  | Each Person - BI Liability |
| Underinsured |  | |  |  | $ |  | Each Accident - BI Liability |
| Motorist |  | | | | $ |  | Each Accident - PD Liability |
|  |  | | | |  |  |  |
|  |  | | | |  |  |  |
| Workers' |  | | | |  |  | Statutory |
| Compensation | Company:  Church Mutual | | | |  |  |  |
| and | Other: |  | |  | $ |  | BI by Accident - Each Accident |
| Employers | Policy Period: | |  |  | $ |  | BI by Disease - Each Employee |
| Liability |  | |  |  | $ |  | BI by Disease - Policy Limit |
|  |  | | | |  |  |  |
|  |  | | | |  |  |  |
|  | Company:  Church Mutual | | | | $ |  | Each Accident or Loss: |
| Automobile | Other: |  | |  |  |  | OR |
| Liability | Policy Period: | |  |  | $ |  | Each Person - BI Liability |
|  |  | |  |  | $ |  | Each Accident - BI Liability |
|  |  | |  |  | $ |  | Each Accident - PD Liability |
|  |  | | | |  |  |  |
|  |  | | | |  |  |  |
|  | Company:  Church Mutual | | | | $ |  | Each Accident or Loss: |
| Uninsured | Other: |  | |  |  |  | OR |
| Motorist | Policy Period: | |  |  | $ |  | Each Person - BI Liability |
|  |  | |  |  | $ |  | Each Accident - BI Liability |
|  |  | |  |  | $ |  | Each Accident - PD Liability |
|  |  | | | |  |  |  |
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|  |  | | | |  |  |  |
| Other |  | | | |  |  |  |
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| **UMBRELLA LIABILITY POLICY APPLICATION** | | | | | | | | | | | | | | | |
| Policy No. | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | |
| Named Insured | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| City/State | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **GENERAL INFORMATION** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| This section of the application must always be completed. | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | |
| For those items where a | | | | | | | |  | is checked, you must explain fully in the remarks section. | | | | | | |
|  | | | | | | | | | | | | | | | |
| 1. |  | | Yes | |  | | No | Does the insured have any foreign operations? | | | | | | | |
|  | | | | | | | | | | | | | | | |
| 2. |  | | Yes | |  | | No | Has the insured ever filed any claims under any Umbrella Liability Policy? | | | | | | | |
|  | | | | | | | | | | | | | | | |
| 3. |  | | Yes | |  | | No | Does any underlying policy that is not being written by Church Mutual contain any | | | | | | | |
|  | | | | | | | | unusual exclusions or amendments? | | | | | | | |
|  | | | | | | | | | | | | | | | |
| 4. |  | | Yes | |  | | No | Does the insured desire uninsured/underinsured motorist coverage in the | | | | | | | |
|  | | | | | | | | Umbrella Liability Policy? | | | | | | | |
|  | | | | | | | | | | | | | | | |
| 5. | Estimated annual payroll | | | | | | | | | $ |  | | | |  |
|  | | | | | | | | | | | | | | | |
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| **GENERAL LIABILITY** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Submit a completed Crusader® II application with this application whenever Church Mutual is not providing the underlying General Liability Coverage. Indicate on the Crusader® application "for umbrella only." You may not bind the Umbrella Liability policy. | | | | | | | | | | | | | | | |
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| **AUTOMOBILE LIABILITY** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Complete this section of the application only when the insured owns or leases automobiles and Church Mutual is not providing the underlying coverage. | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Schedule of Vehicles** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Auto**  **No.** | | **Year** | | | | **Trade Name** | | | | | | **Description of Auto Body**  **Type and Usage** | **For Vans &**  **Buses, Indicate**  **Seating Capacity** | | |
|  | |  | | | |  | | | | | |  |  | | |
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| (Attach additional schedule if necessary.) | | | | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 6. | |  | Yes | |  | | No | Are all vehicles that are owned or leased by the insured listed in the above schedule? | | | | |
|  | |  | | | | | | | | | | |
| 7. | |  | Yes | |  | | No | Are persons under the age of 21 permitted to operate the vehicles? | | | | |
|  | |  | | | | | | | | | | |
| **Bus or Van Operations** | | | | | | | | | | | | |
|  | |  | | | | | | | | | | |
| 8. | |  | Yes | |  | | No | Are children on buses supervised by a person other than the driver? | | | | |
|  | |  | | | | | | | | | | |
| 9. | |  | Yes | |  | | No | Is there a driver training program. | | | | |
|  | |  | | | | | | | | | | |
| 10. | | Usage of buses or vans is for: | | | | | | | Bus Ministry  Scout Troop  Youth Group | | | |
|  | |  | | | | | | | Pastor or Other Employee  Singing Group  Day Care | | | |
|  | | | | | | | | | College or School  Other | | |  |
|  | |  | | | | | | | | | | |
| 11. | |  | Yes | |  | | No | Are buses or vans ever loaned or leased to others? | | | | |
|  | |  | | | | | | | | | | |
| 12. | |  | Yes | |  | | No | Are buses or vans always operated by the insured's drivers? | | | | |
|  | |  | | | | | | | | | | |
| 13. | |  | Yes | |  | | No | Are any vehicles regularly operated beyond a 100 mile radius? | | | | |
|  | |  | | | | | | Which vehicle(s)? | | |  | |
|  | |  | | | | | | | | | | |
| 14. | | Provide automobile loss information for the past three year period. | | | | | | | | | | |
|  | |  | | | | | | | | | | |
|  | | **Year** | | | | **Amount of**  **Damages** | | | | **Description of Loss** | | |
|  | |  | | | |  | | | |  | | |
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|  | | (Attach additional sheets if necessary.) | | | | | | | | | | |
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| ***Rhode Island: 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.*** | | | | | | | | | | | | |
|  | |  | | | | | | | | | | |
| Remarks: | | | |  | | | | | | | | |
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