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.) |
|  |
|  |
|  | Policy No. |  |
|  |
| Quote Needed By |  | Division-Agent |  | - |  |
|  |
| Amount and Date Quoted |  | Sold By |  | - |  |
|  |
| Payment Mode: | [ ]  Annual | [ ]  Semiannual | [ ]  Quarterly | [ ]  Monthly |
|  |
|  |

|  |
| --- |
| Demographic Survey |
|  |
| A. | Religious Body |  |
| B. | Denomination |  |
| C. | Geographic Division |  |
|  |
|  |
|  |  |
| 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) |
|  |  |
|  |  |
|  |  |
|  |  |
|  |
| 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 |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| 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  | $ |  |  |
|  |
|  |
| **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** |
|  |  |  |  |
|  |       |       |  |
|  |  |  |  |
|  |       |       |  |
|  |  |  |  |
|  |       |       |  |
|  | (Attach additional sheets if necessary.) |
|  |  |
| ***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.*** |
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| Remarks: |  |
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