



Yancy Insurance & Financial Services

AGENT: Yancy Insurance & Financial Services
2019 E Lamar Blvd, Suite 100
Arlington, TX 76006
817-277-6100 Phone
817-261-7514 Fax

Religious Institutions Supplement

Applicant's Name: _____
Mailing Address: _____
City/State/Zip: _____
Email Address: _____

PROPOSED EFFECTIVE DATE:
From _____ To _____
12:01 A.M. Standard Time at the address of the Applicant
Phone: _____
Fax: _____

GENERAL INFORMATION

- Does the applicant operate a cemetery? Yes No
If yes, number of acres _____
- Is there playground equipment on the premises? Yes No
If yes, list/describe equipment _____
- If yes, is there a playground equipment maintenance program? Yes No

PASTORAL LIABILITY

- Is the clergy licensed and/or ordained? Yes No
- Does the clergy perform counseling functions? Yes No
- Has the clergy received formal training in counseling? Yes No
- Does the applicant advertise counseling to non-congregation members? Yes No
- Is a fee required for counseling? Yes No
- If other than spiritual counseling is offered, do you have a separate professional liability policy? If yes, carrier: _____ Policy number: _____ Yes No
- Any past or pending claims against your professional liability coverage? Yes No

SEXUAL MISCONDUCT

- Do you have a formal screening program of volunteer and compensated applicants in place? Yes No
If yes, please describe: _____
- Must all persons in positions involving the supervision or custody of minors be members of the religious institution for a minimum period of at least six months? Yes No
- Are there at least two adults sharing the supervisory responsibilities of the children at all times? Yes No
- Any past or pending claims relating to any form of sexual misconduct Yes No
- Indicate optional limits if desired:
 - \$ 100,000 each claim / \$ 200,000 aggregate (not available on Ultra Religious BOP program)
 - \$ 300,000 each claim / \$ 600,000 aggregate
 - \$ 500,000 each claim / \$1,000,000 aggregate
 - \$1,000,000 each claim / \$2,000,000 aggregate
 - \$2,000,000 each claim / \$4,000,000 aggregate



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DIRECTORS AND OFFICERS LIABILITY COVERAGE

THIS IS A CLAIMS-MADE COVERAGE. COMPLETE APPLICATION AP 75 02 AND SUBMIT IF COVERAGE IS DESIRED.

COMMERCIAL AUTOMOBILE COVERAGE

Coverage may be available for cars, vans and buses owned by the institution. **Complete application AP 75 03 and submit if coverage is desired.**

INCREASED MONEY & SECURITIES COVERAGE

Coverage for money and securities will automatically double for the period beginning four days preceding Easter, Thanksgiving, Christmas and on day of choice, ending four days after these special days.

Indicate your day of choice: _____

SPECIAL ACTIVITIES / SERVICES

Do you operate or sponsor any of the following:

- | | | |
|---|------------------------------|-----------------------------|
| 1. Abbeys, convents, monasteries, seminaries? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Buildings or premises used for commercial purposes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. College or university? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Convalescent homes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Crisis center (i.e. alcohol, drug, pregnancy)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Missions? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Nursing homes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Orphanages? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Residential properties other than clergy house of residence? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Retirement homes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Shelters? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Soup kitchens? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. Vacant or unoccupied buildings? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

CHILD CARE FACILITIES

1. Do you operate any of the following:

- | | | |
|---------------------------------|------------------------------|-----------------------------|
| a. Before/after school program? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Day care? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Kindergarden? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If answer to a-c is **yes**, please complete the attached **CHILD CARE QUESTIONNAIRE**.

- | | | |
|--|------------------------------|-----------------------------|
| 2. Do you have a day care as a tenant? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|------------------------------|-----------------------------|



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RELIGIOUS INSTITUTION OPERATED CHILD CARE FACILITY SUPPLEMENTAL QUESTIONNAIRE FOR DAY CARES, KINDERGARDEN

TENANT OPERATED

What is the square footage of the day care? _____

RELIGIOUS INSTITUTION OPERATED

- Hours of operation? _____ am/pm to _____ am/pm
- Are records kept on all injuries? Yes No
- Is a physical exam or medical certificate required for each child? Yes No
- Is there a written drop-off and pickup procedure? Yes No
- Are parents free to visit facility at any time? Yes No
- Is corporal punishment practiced? Yes No
If yes, attach written procedure.
- Specify the applicable number for each age group:

	# Children	# Adults
Infants	_____	_____
Toddlers	_____	_____
3-4	_____	_____
5-6	_____	_____
Kindergarden	_____	_____

- Are staff members trained in first aid including cardiopulmonary resuscitation? Yes No
- Do you care for children who are physically or emotionally impaired? Yes No
- Are field trips conducted? Yes No
If yes, describe the nature & mode of transportation:

PREMISES

- On what floor level is the day care located?
_____ B _____ 1 _____ 2 _____ Other
- Is there a written evacuation procedure? Yes No
- Are there regular fire drills? Yes No

PLAYGROUND

- Does the playground have a physical restraint boundary? Yes No
If yes, describe: _____

DAY CARE LICENSE

- Is the day care currently licensed? Yes No
- Has the license ever been revoked? Yes No

EMPLOYEES

- Describe the educational background of the Director:

- Do hiring practices include:
 - completed application? Yes No
 - pre-employment physical? Yes No
 - contact personal reference? Yes No
 - tuberculosis test? Yes No
 - police background check? Yes No
- Do employees dispense medicine? Yes No
If yes, are prescription labels or instructions From medical personnel required? Yes No