

183 Leader Heights Road
P.O. Box 2726, York, PA 17405
800.233.1957 | Fax: 717.747.7022
glatfeltermistrycare.com



Return completed application to
submissions@glatfelters.com

APPLICATION PROPERTY & CASUALTY

In addition to this Application, please submit the following supplemental applications if applicable:

- Campground/Retreat Supplemental Application
- Education Supplemental Application

GENERAL INFORMATION

Date of Application: _____ **Date Proposal Needed By:** _____
Current Carrier: _____ **Expiration Date:** _____
Legal Name of Organization: _____
Extended Named Insured(s): _____

Mailing Address: _____

Street or PO Box
City
County
State
Zip Code

FEIN: _____ **Website:** _____

Contact Information:

Primary:					
	First Name	MI	Last Name	Phone	Email
Inspection:					
	First Name	MI	Last Name	Phone	Email

What is your Legal Status?	Corporation – Non-Profit 501 (c) (3)	LLC	Other:
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What is your Religious Affiliation?	Buddhist	Christian	Hindu
	Jewish	Muslim	Other:

What Services do you Offer? <small>(Please check all that apply)</small>	House of Worship	School (Pre-K – 12 only) Please complete the Education Supplemental Application.
	Cemetery (owned by you)	Camp/Retreat Facility (owned by you) Please complete the Campground/Retreat Supplemental Application.
	Other	

What is the size of your Organization?	Number of members:	
	Operating Budget (Includes all operations):	
	Staff Information	
	Number of Religious Leaders (Pastors, Assistant Pastors, Rabbis, Imams, etc.):	
	Other Staff	
	Number of Paid Employees Full-Time:	
	Number of Paid Employees Part-Time:	
	Number of Volunteers:	
Number of Healthcare Personnel:	FT	PT
	Temp/Seasonal	

REAL & PERSONAL PROPERTY

Yes

No

Coverage desired:	Scheduled Property (Non-Blanket)	Blanket Per Premises (Property and Contents)					Policy Blanket
Deductible desired:	\$500 \$1,000 \$2,500 \$5,000 \$10,000 \$15,000 \$25,000 \$50,000						Other:

CONSTRUCTION CODES

1 Frame	3 Non-combustible	5 Modified Fire Resistive	7 Concrete	9 Reinforced Masonry
2 Joisted Masonry	4 Masonry Non-combustible	6 Fire Resistive	8 Steel	

ROOF CODES (0 = Unknown)

Covering	1 Metal sheathing with exposed fasteners 2 Metal sheathing with CONCEALED fasteners	3 Built-up roof or single-ply membrane WITH gutters 4 Built-up roof or single-ply membrane WITHOUT gutters	5 Concrete/clay tiles 6 Wood shakes	7 Shingle - 55 mph wind rating 8 Shingle - 55 mph wind rating/Secondary Water Resistance (SWR)	9 Shingle - 110 mph wind rating 10 Shingle - 110 mph wind rating/Secondary Water Resistance (SWR)
Geometry	1 Flat Roof WITH Parapets 2 Flat Roof WITHOUT Parapets	3 Hip Roof with Slope <= 6:12 (26.5°) 4 Hip Roof with Slope > 6:12 (26.5°)	5 Gable Roof with Slope <= 6:12 (26.5°) 6 Gable Roof with Slope > 6:12 (26.5°)	7 Braced Gable Roof with Slope <= 6:12 (26.5°) 8 Braced Gable Roof with Slope > 6:12 (26.5°)	
Anchors	1 Toe Nailing/No Anchorage	2 Clips	3 Single Wraps	4 Double Wraps	5 Structural

Premises #	Item #	Building Occupied as:	Amount of Insurance At 100% Replacement Cost Value (RCV). Include value of foundations.		Year Built	Building Area sq ft (all floors)	Protection Class	Construction Code	Sprinkler System Y/N	Vacant Y/N	# of Floors	Date of Last Inspection	Year of Mech System Updates	Year of Roof Update	Roof Covering	Roof Geometry	Roof Anchors	Street Address City /State / Zip / County	Insured's Identifier (How YOU refer to this building)
			Building	Contents															

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			Building	Contents															

Metal Roofs?	Do any buildings have metal roofs?							Yes	No
Premises/Item #s:	/	/	/	/	/	/	/	/	

EIFS Construction?	Do you have any buildings constructed with EIFS (Exterior Insulation Finishing System) materials?							Yes	No
Premises/Item #s:	/	/	/	/	/	/	/	/	

Mortgagee	Name: Street: City: State: Zip:							
Applies to Premises/Item #s:	/	/	/	/	/	/	/	/

Mortgagee	Name: Street: City: State: Zip:							
Applies to Premises/Item #s:	/	/	/	/	/	/	/	/

Builder's Risk?	Are there any new properties under construction or renovation?							Yes	No
	Premises #	Item #	Intended Building Occupancy						

Are there any structures you do not want to insure?	Premises #	Item #	Description of Items You Want to Exclude

What Coverages and Limits do you desire?	Accounts Receivable:	\$100,000 (automatically included)	\$250,000
		\$500,000	\$1,000,000
	Real or Personal Property in Transit or Off Premises:	\$100,000 (automatically included)	\$250,000
	Valuable Papers and Records:	\$100,000 (automatically included)	\$250,000
		\$500,000	\$1,000,000
	Debris Removal:	\$100,000 (automatically included)	\$250,000
		\$500,000	\$1,000,000
	Software:	\$500,000 (automatically included)	Increase Limit \$
	Outdoor Property:	\$150,000 (automatically included)	Increase Limit \$
	Musical Instruments, Religious Attire, Uniforms, Audio Equipment:	\$250,000 (automatically included)	Increase Limit \$

What Coverage Options do you want to purchase?	Scheduled Fine Arts:	Yes (attach schedule)	No
	Special Property Floater:	Yes (attach schedule)	No
	Equipment Breakdown including:		
	Spoilage:	\$100,000 (automatically included)	\$250,000
		\$500,000	\$1,000,000
	Hazardous Substance:	\$250,000 (automatically included)	\$500,000
		\$1,000,000	
	Expediting Expense:	\$100,000 (automatically included)	\$250,000
		\$500,000	\$1,000,000
	Flood Coverage:	Yes Limit \$	No
	Earthquake Coverage:	Yes Limit \$	No

Abuse Prevention	Do you desire Abuse or Molestation coverage?	Yes	No
	Do you perform comprehensive background checks on all employees and regular volunteers prior to hire or inception of a volunteer assignment? (Regular volunteers are those who routinely work with children or participate in children's activities.)	Yes	No
	Do background checks include a Sex Offender Registry check?	Yes	No
	Do you have a documented Abuse and Molestation Prevention policy including a no tolerance policy on abuse?	Yes	No
	Have all employees and volunteers been trained on this policy, including how to report an incident?	Yes	No
	Do you have a probationary waiting period before a new employee or volunteer can work with children?	Yes	No
	Do you follow a two-adult rule, prohibiting staff from being alone with a child?	Yes	No
	Has any employee or volunteer (past or present) ever been accused or convicted of sexual abuse, misconduct, or molestation? If yes, explain:	Yes	No
	Are you currently aware of any facts or circumstance that could lead to a claim of sexual abuse or misconduct against your organization or any employee or volunteer? If yes, explain:	Yes	No

Employer's Liability Coverage	If your Workers' Compensation coverage does <u>not</u> provide Employer's Liability, do you want Employer's Liability coverage as part of General Liability? If yes, provide total annual payroll: \$		
	"Bodily Injury" by accident each accident	"Bodily injury" by disease policy limit	"Bodily injury" by disease each "employee" or volunteer
	Limits desired:		

Employee Benefits Liability Coverage	Do you desire Employee Benefits Liability coverage?	Yes	No
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Security / Safety	Do you have a documented Safety/Security Plan?	Yes	No
	Who provides the security for your organization? (Check all that apply)		
	In-house security team:	Volunteers	Employees
	Employed security personnel:	Unarmed	Armed
	Contracted security personnel:	Unarmed	Armed
	Are all internal security team members trained and competent in execution of the plan?	Yes	No
	If security is contracted:		
	Does the contract include appropriate hold-harmless language?	Yes	No
Is your organization named as an Additional Insured on the firm's liability contract?	Yes	No	
Does the security firm maintain a per-occurrence liability limit of at least \$1,000,000?	Yes	No	

Auto Fleet	Do you pre-screen all regular drivers (employees and volunteers) before they are permitted to drive your vehicles?	Yes	No	
	Do you have procedures in place to regularly check their Motor Vehicle Records?	Yes	No	
	Do you have specific criteria in place used to evaluate driver acceptability?	Yes	No	
	Do you provide driver training?	Yes	No	
	Do you require that all drivers are at least 21 years of age?	Yes	No	
	Do your drivers meet CDL requirements based on the vehicle's passenger capacity?	Yes	No	N/A
	Do you provide transportation of any kind to members or youth? If yes, please describe:	Yes	No	
	Do you provide regular transportation of children or members?	Yes	No	
	Do you have a formalized documented vehicle safety program which includes vehicle preventative maintenance and required safety inspections?	Yes	No	
	Do you own or use any 15 passenger vans? If yes:	Yes	No	
	Have the vans been modified with either dual rear wheels or removing the rear seat?	Yes	No	
	Are all vans with model year prior to 2009 equipped with Electronic Stability Controls?	Yes	No	N/A
	Is there a requirement that vans are not overloaded?	Yes	No	
	Is there a requirement that no loads are placed on the roof of the vans?	Yes	No	

Hired and Non-owned Auto Liability	Do you desire Hired and Non-owned Auto coverage?	Yes	No
	If yes, please complete the following questions:		
	How many employees/volunteers operate their personal vehicles on your behalf?		
	Do you pre-screen drivers before they operate their vehicles?	Yes	No
	Do you have procedures in place to regularly check their Motor Vehicle Records?	Yes	No
	Do you recommend that these individuals maintain at least \$100,000 Automobile Liability Limits on their personal vehicles?	Yes	No
	Do drivers transport individuals in their personal vehicles?	Yes	No

If you do not want us to quote Property coverages, please list the square footage for each premises below.

Premises #	Item #	Building Occupied as:	Street Address City / State / Zip / County	Square Footage

AUTO Yes No

What Coverages and Limits do you desire?	Liability Limit (Combined Single Limit):	\$300,000	\$500,000	\$1,000,000	Deductibles: Comprehensive: \$250 \$500 \$1,000 \$3,000 \$5,000 Collision: \$250 \$500 \$1,000 \$3,000 \$5,000
	Uninsured/Underinsured Motorists Limit:				
	PIP Limit:	Med Pay Limit:			
	Hired and Non-owned Liability coverage desired?		Yes	No	

VEHICLE CLASSIFICATION

Private Passenger	Church Bus	School Bus	Service/Utility Trailer	Truck (incl. pickup)	Other
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Veh #	Year	Make	Description (Model / Type)	Vehicle Classification	Vans and Buses		Serial Number (VIN)	Cost New ACV	Insured's Identifier (How YOU refer to this vehicle)	Rental Reimbursement Y / N	Garaged at Premises #
					Seating Capacity	Radius in Miles					
EX.	2012	Chevrolet	G3500	Church Bus	1-8	0-50	1HTLFVTL6KH666870	\$250,000	Bus #14	Y	3
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											

Rental Reimbursement? If you indicated Rental Reimbursement in the schedule above, please complete this additional information. Amount per day: _____ Number of days: _____

Do you have any Customized vehicles? Have any vehicles been customized from a previous use? Yes No
If yes, indicate vehicle number(s): _____ Describe: _____

Add'l Insured Lessor Loss Payee Name: _____ City: _____ State: _____ Zip: _____
Street: _____
Applies to Veh #'s: _____

Add'l Insured Lessor Loss Payee Name: _____ City: _____ State: _____ Zip: _____
Street: _____
Applies to Veh #'s: _____

EXCESS LIABILITY**Yes****No**

What Coverages and Limits do you desire?	Limits desired: \$ _____ occurrence / \$ _____ aggregate
	<p>Note: Underlying liability limits of \$1,000,000 are required.</p> <p>Coverage desired excess of: General Liability Sexual Abuse and Molestation Religious Organization Note: \$5,000,000 maximum limit available. Management Liability Automobile Liability</p>

WRAP-UP INFORMATION

Please include the following:

- Five (5) year carrier loss runs
- Completed applications including signatures
- Financial statements if operating budget is in excess of \$10,000,000

Answer in all states except Missouri: Has your current insurance been cancelled or non-renewed? Yes No

If yes, please provide details:

Name of Producing Agency: _____		
Agency's Address: _____		
Agency's Phone: _____		
If you are not licensed as a broker, are you a property/casualty agent?		Yes No
Producer or CSR (for contact purposes): Name: _____		
First Name	MI	Last Name
Email: _____		
If you have never placed business with us before, please provide the person responsible for agency/brokerage licensing and contracting:		
▪ Contact's Name:	_____	
	First Name	MI Last Name
▪ Contact's Email:	_____	
▪ Contact's Direct Phone:	_____	

FRAUD WARNING NOTICE – PLEASE READ CAREFULLY

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime, and may subject such person to criminal and civil penalties.

Alabama	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.
Arkansas	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.
California	For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
Colorado	It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
District Of Columbia	WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
Florida	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
Kansas	Any person who knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance that such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.
Kentucky	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
Louisiana	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.
Maine	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
Maryland	Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Minnesota	A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
New Jersey	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
New Mexico	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 civil fines and criminal penalties.
New York	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
Ohio	Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
Oklahoma	WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
Oregon	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, may be guilty of a fraudulent act, which may be a crime, and may subject such person to criminal and civil penalties.
Pennsylvania	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
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.
Tennessee	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
Vermont	Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.
Virginia	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.
Washington	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.
West Virginia	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.

Your signature below acknowledges that you have read the Fraud Warning Notice that applies to your state of domicile.

The undersigned is an authorized representative of the applicant and certifies the information provided to obtain this coverage is accurate to the best of their knowledge; this includes any applications, locations schedules, valuation statements, loss history information and engineering reports.

Applicant's signature:

Title:

Date:

Agent's signature:

Date: