

**Great Plains Annual Conference of the United Methodist Church  
Property/Casualty Insurance Application**

Requested Effective Date \_\_\_\_\_ Incorporation Date \_\_\_\_\_

Name of Church \_\_\_\_\_ Federal ID# \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

Church Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Church District \_\_\_\_\_ Church Conference # \_\_\_\_\_

Current Insurance Company \_\_\_\_\_

Name of Person Completing the Form \_\_\_\_\_ Phone # \_\_\_\_\_

Email \_\_\_\_\_

**Billing Contact:**

Name \_\_\_\_\_ Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**Underwriting Information:**

**Does the church own any of the following?**

1. Apartments: \_\_\_ Yes \_\_\_ No    Number of Units \_\_\_\_    Smoke Alarms each Unit: \_\_\_ Yes \_\_\_ No

Address: \_\_\_\_\_

2. Vacant Land: \_\_\_ Yes \_\_\_ No    Number of Acres \_\_\_\_

Address: \_\_\_\_\_

3. Cemetery: \_\_\_ Yes \_\_\_ No    Number of Acres \_\_\_\_

Address: \_\_\_\_\_

4. Gymnasium: \_\_\_ Yes \_\_\_ No

5. Swimming Pool: \_\_\_ Yes \_\_\_ No    Inside or Outside: \_\_\_\_\_

6. Does the church operate a homeless shelter? \_\_\_ Yes \_\_\_ No

7. Does the church operate a food pantry? \_\_\_ Yes \_\_\_ No

8. Does the church operate a thrift store? \_\_\_ Yes \_\_\_ No    If yes; estimated revenue? \_\_\_\_\_

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**Questions:**

1. # of Elevators: \_\_\_\_\_
2. Value of Playground or Sports Field Equipment \_\_\_\_\_ (Replacement Value)
3. Do outside groups use your facility?  Yes  No If yes, do you request a general liability certificate of insurance naming the church as an additional insured?  Yes  No
4. # of Members \_\_\_\_\_ Average Attendance – Most Recent Year \_\_\_\_\_
5. Are any locations vacant?  Yes  No If yes - need location and description of how long and security measures for protecting the location:  
\_\_\_\_\_  
\_\_\_\_\_
6. # of Employees: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time Estimated # of Volunteers: \_\_\_\_\_ Trustees \_\_\_\_\_
7. Operating Budget: \_\_\_\_\_ Total Assets: \_\_\_\_\_ Annual Revenue: \_\_\_\_\_
8. Does the church publish any newsletters, publications, etc.?  Yes  No If, yes, please describe  
\_\_\_\_\_
9. Provide exact Name, Type of Business, Percentage Owned/or Controlled by the Church for any Subsidiaries or other Entities of which the Church has control and provides insurance for:  
\_\_\_\_\_  
\_\_\_\_\_
10. Any existing damage to the building or roof?  Yes  No If yes, please describe status of repair  
\_\_\_\_\_

**Day Care/Preschool Questions (This is for day care centers or schools operated by the church – not by others. This does not include Church Nursery):**

1. Licensed by the State?  Yes  No
2. Days per week for each program: \_\_\_\_\_
3. What hours is the day care/pre-school open? \_\_\_\_\_
4. Number of Teachers/Attendants \_\_\_\_\_ Ratio for each age group \_\_\_\_\_  
\_\_\_\_\_

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5. How often is emergency evacuation procedures practiced? \_\_\_\_\_
6. Describe background checks for all employees/volunteers working with youth:  
\_\_\_\_\_
7. Any Adult Day Care?  Yes  No
8. Number of Students attending day care/pre-school, Mother's Day Out Programs
- Day Care: Full Time  Part Time                       Pre-School:  Full Time  Part Time
- Mothers Day Out: \_\_\_\_\_                      Before/After School: \_\_\_\_\_

**Automobile Coverage**

1. Are any church owned vehicles assigned to a pastor or others for regular use?  Yes  No  
If yes, please provide name of person: \_\_\_\_\_

*Must Include all Owned Autos*

Year	Make	Model	VIN #	Cost New	City of Garage	# of Passengers for Vans/ GWV for Trucks

**Drivers**

Last Name	First Name	Date of Birth	State of License	Drivers License #

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**Property Information**

*If Pictures are available – please include a copy  
If you need more space attach schedule or use last page*

Loc #	Property Address	City, State, Zip	Occupancy See Below	Year Built	Year of Roof	Type of Construction See Below
1						
2						
3						
4						
5						

**Occupancy:** Church, Fellowship Hall, Parsonage, Rented Dwelling, Garage, etc.

**Construction:** Frame including brick veneer over frame (F), Masonry Non-Combustible (MNC), Fire Resistive (FR), Non-Combustible (NC)

Loc #	Square Footage Including Basement	Basement Square Footage Finished	Basement Square Footage Unfinished	Number of Stories	Sprinklers Yes/No	Boiler Requiring Inspection Yes/No
1						
2						
3						
4						
5						

**Property Limits**

*All Limits should be shown at replacement cost – not depreciated or market value*

Loc #	Building Limit	Contents Limit	Pipe Organ Limit	Stained Glass Limit	Musical Instrument Limit	Computer Limit	Sound Equipment Limit
1							
2							
3							
4							
5							

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**Mortgagees/Loss Payees**

Loc #	Name	Address	Indicate: Mortgagee or Loss Payee
1			
2			
3			
4			
5			

**Loss Information**

Please list any property, liability, automobile or crime losses in the last 5 years. Include date, description, amount paid including legal expenses.

Please provide insurance company loss runs for the past 5 years:

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**Additional Space:**

**Return Application to:**

Schifman, Remley & Associates, 5201 Johnson Drive Ste. 500, Mission, KS 66205

Main #: 913-831-1777

Fax: 913-831-4730

Contacts: Sue Courtney: 913-236-3017 Direct Line or Email: sue\_c@srains.com

Carol Stevens 913-236-3018 Direct Line or Email: carol\_st@srains.com