

**Church Mutual Insurance Company**  
3000 Schuster Lane, P.O. Box 357  
Merrill, Wisconsin 54452

**APPLICATION FOR  
EMPLOYMENT PRACTICES LIABILITY COVERAGE**  
**THIS IS AN APPLICATION FOR CLAIMS-MADE COVERAGE.**

_____ (Name of Organization)		
_____ (Address)		
_____ (City)	_____ (State)	_____ (Zip Code)

(If you need additional space for any answer, please continue in the Remarks Section.)

1. Provide a brief description of applicant's operations:  

<input type="checkbox"/> House of Worship	<input type="checkbox"/> College/Seminary
<input type="checkbox"/> Denominational Office	<input type="checkbox"/> Camp
<input type="checkbox"/> Health Care Facility/Nursing Home	<input type="checkbox"/> Day Care/School
<input type="checkbox"/> Other (Explain) _____	
  
2. Is the Organization incorporated?  Yes  No If no, what is the legal status of the Organization: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
  - (a) Date of incorporation: \_\_\_\_\_
  - (b) Any subsidiaries?  Yes  No If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
  - (c) Is applicant a subsidiary of another organization?  Yes  No If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
  
3. Within the scope of this proposed insurance:  
  - (a) Have there been any claims or lawsuits made, or are any now pending against the organization, or any person who may be covered by this insurance? If yes, please provide details. If no, state "NONE": \_\_\_\_\_  
\_\_\_\_\_
  - (b) Does any person who may be covered by this insurance have any knowledge or information of any breach of duty, error, misstatement, misleading statement, or omission which could give rise to a claim against them? If yes, please provide details. If no, state "NONE": \_\_\_\_\_  
\_\_\_\_\_
  
4. Has the organization or anyone associated with the organization been involved in or have any knowledge of pending federal, state, or local action or proceedings against the organization or anyone associated with the organization? If yes, please provide details. If no, state "NONE": \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Number of paid employees/staff: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_  
 How many have been terminated in the last three years? \_\_\_\_\_

Breakdown of Employees		# of Employees	Breakdown of Employees		# of Employees
<input type="checkbox"/>	House of Worship	_____	<input type="checkbox"/>	Day Care/School	_____
<input type="checkbox"/>	Denominational Office	_____	<input type="checkbox"/>	College/Seminary	_____
<input type="checkbox"/>	Health Care Facility/Nursing Home	_____	<input type="checkbox"/>	Camp	_____
<input type="checkbox"/>	Other	_____			

6. Please indicate below which written employment policies and procedures are in place (provide any additional applicable information in Remarks Section below):

- Hiring of Employees
- Disciplining Employees
- Employment Termination
- Does your organization seek counsel from an attorney prior to terminating or laying off employee(s)?  Yes  No
- Sexual Harassment Prevention
- Anti-discrimination Plans
- Compliance with Federal Employment Acts (e.g., ADA, FMLA)
- Investigation and Handling of Employment-Related Grievances
- Performance Evaluations
- Job Descriptions
- Employee Handbook

7. Does the organization use an employment application which includes an employment at will statement?  Yes  No

8. Has the organization previously applied for EPL coverage with any insurance company?  
 Yes  No

9. List any EPL insurance carried during the last six years:

Insurer: \_\_\_\_\_  
 Limit of Insurance: \_\_\_\_\_ Retention: \_\_\_\_\_  
 Premium: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Retroactive Date: \_\_\_\_\_  Claims-Made  Occurrence

Insurer: \_\_\_\_\_  
 Limit of Insurance: \_\_\_\_\_ Retention: \_\_\_\_\_  
 Premium: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Retroactive Date: \_\_\_\_\_  Claims-Made  Occurrence

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**REPRESENTATIONS:**

The undersigned Officer of the Organization declares the statements set forth herein are true. The undersigned Officer agrees that if the information supplied on this application changes between the date of this application and the effective date of the insurance, the undersigned will immediately notify the company of such changes, and the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

Although the signing of this application does not bind the undersigned on behalf of the Organization to effect this Insurance, the undersigned on behalf of the Organization agrees that this application and the said statements shall be the basis of any insurance contract or agreement which may be made. The Insurer is hereby authorized to make any investigation and inquiry in connection with this application.

It is agreed that any claim or action arising out of any wrongful act, wrongful employment practice, error, or omission which is known to any person proposed for this insurance prior to the issuance of the policy and not disclosed in this application is excluded from coverage.

Application or signing of the application does not bind coverage or require the company or agent to provide insurance. However, it is agreed that this application shall be the basis of the contract should a policy be issued and this application shall be considered part of the contract.

An offer to provide coverage may include terms and conditions which are materially different from your previous coverage. The Company shall not be obligated to provide terms in accordance with previously provided coverage or currently requested coverage and terms and conditions may be offered which are materially different from those requested.

IF A POLICY IS ISSUED, THIS APPLICATION WILL BE RETAINED ON FILE BY CHURCH MUTUAL AND FORM A PART OF THE POLICY.

Signed \_\_\_\_\_  
Chairperson, President, or Other Authorized Signature

Title \_\_\_\_\_

Date of Signature \_\_\_\_\_

**Church Mutual Insurance Company**  
**3000 Schuster Lane, P.O. Box 357**  
**Merrill, Wisconsin 54452**

**APPLICATION FOR**  
**DIRECTORS, OFFICERS AND TRUSTEES LIABILITY COVERAGE**  
**THIS IS AN APPLICATION FOR CLAIMS-MADE COVERAGE.**

(Name of Organization)		
(Address)		
(City)	(State)	(Zip Code)

(If you need additional space for any answer, please continue in the Remarks Section.)

1. Provide a brief description of applicant's operations:     House of Worship     College/Seminary  
 Denominational Office     Camp     Health Care Facility/Nursing Home     Day Care  
 School     Foundation/Endowment     Other (Explain) \_\_\_\_\_

2. Is the Organization incorporated?     Yes     No    If no, what is the legal status of the Organization:  
\_\_\_\_\_

(a) Date of incorporation: \_\_\_\_\_

(b) Is the Organization classified as a 501(c)(3) (exempt from federal and state income taxes) and have they filed a federal income tax return for any of the last five years?     Yes     No    If yes, have the returns been accepted as filed?     Yes     No    If no, furnish details. \_\_\_\_\_

(c) Any subsidiaries?     Yes     No    If yes, please answer the following:  
Name of subsidiary: \_\_\_\_\_  
Address: \_\_\_\_\_  
State of incorporation: \_\_\_\_\_  
Percent owned: \_\_\_\_\_ %  
 Profit     Nonprofit  
Financials:     Separate     Part of Named Insured

(d) Is applicant a subsidiary of another Organization?     Yes     No    If yes, please explain:  
\_\_\_\_\_

3. Within the scope of this proposed insurance:
- (a) Have there been any claims or lawsuits made, or are any now pending against the Organization, or any person who may be covered by this insurance? If yes, please provide details. If no, state "NONE": \_\_\_\_\_

(b) Does any person who may be covered by this insurance have any knowledge or information of any breach of duty, error, misstatement, misleading statement, or omission which could give rise to a claim against them? If yes, please provide details. If no, state "NONE": \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Has the Organization or anyone associated with the Organization been involved in or have any knowledge of pending federal, state, or local action or proceeding (civil or criminal) or any inquiry, complaint, or notice of hearing from any regulatory or legislative authority against the Organization or anyone associated with the Organization?  Yes  No If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. What is the total number of: Directors \_\_\_\_\_ Officers and Trustees \_\_\_\_\_

6. What is the total number of members in the Organization? \_\_\_\_\_

7. Are the Board of Directors elected by the organization membership?  Yes  No

8. Is there currently, or has there existed within the last six years, a business relationship between one or more Directors, Officers or Trustees and the Organization? (Example: Contract for construction work, lease for office space, sale of land, etc.)  Yes  No If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Is there any indebtedness between any of the Directors, Officers or Trustees and the Organization?  Yes  No If yes, what are the rules for loans to these Directors, Officers and Trustees?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Please provide the following financial information:

- (a) Current assets owned by the Organization (including values of buildings, contents, stocks, bonds, bank accounts, endowments, etc.): \$ \_\_\_\_\_
- (b) Current capital (fund balance) of the Organization: \$ \_\_\_\_\_
- (c) Total budget for the next 12 months: \$ \_\_\_\_\_
- (d) Please identify the source of funds and percent of revenue attributable to each:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Are financial statements prepared and audited?  Yes  No If yes, by whom and how often?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Does the Organization have debt other than mortgage loans (including bonds, promissory notes, or other financial instruments)?  Yes  No If yes, please explain and provide financial information (including balance sheet, income statement, and statement of cash flows) for each of the previous two fiscal periods: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Is any increase in debt planned to fund a building project or other program?  Yes  No  
If yes, please explain (include estimated expenditures): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Is there a plan to issue bonds, promissory notes, or other instruments of indebtedness?  Yes  No  
If yes, please attach a prospectus or other legal description of financial instruments.

15. Has the Organization previously applied for Directors, Officers and Trustees coverage with any insurance company?  Yes  No If yes, has any insurer declined, cancelled, or nonrenewed any application for Directors, Officers and Trustees or similar insurance?  Yes  No If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. List any Directors, Officers and Trustees insurance carried during the last six years:

Insurer: \_\_\_\_\_  
Limit of Insurance: \_\_\_\_\_ Retention: \_\_\_\_\_  
Premium: \$ \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Retroactive Date: \_\_\_\_\_  
 Claims-Made Coverage Form  Occurrence Coverage Form

Insurer: \_\_\_\_\_  
Limit of Insurance: \_\_\_\_\_ Retention: \_\_\_\_\_  
Premium: \$ \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Retroactive Date: \_\_\_\_\_  
 Claims-Made Coverage Form  Occurrence Coverage Form

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REPRESENTATIONS:**

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It is agreed that any claim or action arising out of any wrongful act, wrongful employment practice, error, or omission which is known to any person proposed for this insurance prior to the issuance of the policy and not disclosed in this application is excluded from coverage.

Application or signing of the application does not bind coverage or require the Company or Agent to provide insurance. However, it is agreed that this application shall be the basis of the contract should a policy be issued, and this application shall be considered part of the contract.

An offer to provide coverage may include terms and conditions which are materially different from your previous coverage. The Company shall not be obligated to provide terms in accordance with previously provided coverage or currently requested coverage, and terms and conditions may be offered which are materially different from those requested.

IF A POLICY IS ISSUED, THIS APPLICATION WILL BE RETAINED ON FILE BY CHURCH MUTUAL INSURANCE COMPANY AND FORM A PART OF THE POLICY.

Signed: \_\_\_\_\_  
Chairperson, President, or Other Authorized Signature

Title: \_\_\_\_\_

Date of Signature: \_\_\_\_\_