

TPCI Supplemental - Religious Institutions

Insured Name:	Years of industry experience:	Full time employees:
		Part time employees:
Security/Surveillance at Premises (check all that apply):		<i>For contracted security services:</i> Does the security company name the applicant as additional insured in their GL and Security Guard E&O policy? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Video Surveillance	Security Service: Employees <input type="checkbox"/> Contractors <input type="checkbox"/>	
<input type="checkbox"/> No Security or Surveillance	Armed <input type="checkbox"/> Unarmed <input type="checkbox"/>	

Liability Information

Check here if there are no liquor sales (if checked, this section may be skipped)

Liquor Sales (at each location):	Does the applicant require all alcohol servers to receive a formal Alcohol Training Course? <input type="checkbox"/> Yes <input type="checkbox"/> No
When (latest hour, if varies) does the sale or serving of alcohol stop?	<input type="checkbox"/> AM <input type="checkbox"/> PM Does the applicant have drinking games or offers of unlimited alcoholic beverages? <input type="checkbox"/> Yes <input type="checkbox"/> No

Check here if there is no vacant land (if checked, this section may be skipped)

# of Acres:	Is any land being used as hunting preserves or dude ranches? <input type="checkbox"/> Yes <input type="checkbox"/> No
Explain any plans for development of vacant land in the next two years:	

Check here if there are no playgrounds (if checked, this section may be skipped)

Number of Playgrounds:	Indicate type of equipment present (check all that apply):		
	<input type="checkbox"/> Teeter-Totters	<input type="checkbox"/> Climbers	<input type="checkbox"/> Slides
	<input type="checkbox"/> Merry-Go-Rounds	<input type="checkbox"/> Crawl Tubes	<input type="checkbox"/> Swings
	<input type="checkbox"/> Jungle Gyms	Describe "other" equipment: <input type="checkbox"/> Other moving or spinning equipment <input type="checkbox"/> Other stationary equipment	
What type of surface exists below the playground equipment?		Are playgrounds entirely enclosed or fenced in?	
<input type="checkbox"/> Rubber	<input type="checkbox"/> Sand	<input type="checkbox"/> Other Soft surface	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Grass	<input type="checkbox"/> Dirt	<input type="checkbox"/> Other Hard surface	
Describe "other" surface:			

Number of athletic courts (tennis, basketball, etc):	Number of swimming pools or spas:
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Check here if there are no pools or spas (if checked, this section may be skipped)

Is the pool/spa completely fenced-in (5 feet min.) with a self-latching/closing gate and regularly cleaned/maintained by a third party contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the pool/spa compliant with all applicable requirements including available lifesaving equipment, clearly identified depth markers, and posted rules/warning signs regarding the use? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the pool/spa have a drain cover or anti-entrapment systems? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a roof top swimming pool/spa? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Is there a diving board or slide? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a pool/spa lift in compliance with Americans with Disability Act? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Check here if there is no day care operated on site (if checked, this section may be skipped)

Does the operator hold harmless and name the applicant as additional insured in their liability policy? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is operator's liability policy limit?
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Property Information

Check here if there is no cooking exposure (if checked, this section may be skipped)

Is the kitchen equipped with an automatic extinguishing system covering all cooking and ventilation equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the automatic extinguishing system UL-300/NFPA compliant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How often is extinguishing system including flue/duct cleaned/maintained by a third party?	<input type="checkbox"/> More frequently than monthly <input type="checkbox"/> Monthly	<input type="checkbox"/> Every two months <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually	<input type="checkbox"/> Annually <input type="checkbox"/> Less frequently than annually
Is there a manual release for the ANSUL system in the path of exit from the cooking area and fire extinguishers compatible with the extinguishing agent of the hood and duct system?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	For deep fat fryers, is there an automatic thermostat controlled fuel shut off mechanism?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
How often are the hood and filter cleaned?	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly or less frequently	
Are there any stained glass windows valued in excess of \$10,000 per pane?			<input type="checkbox"/> Yes <input type="checkbox"/> No

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO THE QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO BEST OF HIS/HER KNOWLEDGE. FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING STATEMENT: 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.

Producer's Signature:		Producer's Name (Please Print):	
Applicant's Signature:		Date:	National Producer Number:
Applicant's Name (Please Print):			