

Hudson Insurance Group

Supplemental Application – Churches and Houses of Worship

The ACORD 125 – Commercial Insurance Application must be completed in addition to this Supplement.

1. Named Insured: _____
2. Named Insured Mailing Address: _____

3. Is the premises used for other operations (for example, schools, day care centers, meeting groups)? Y ___ N ___
 - If yes, please describe: _____
 - Are these operations run by the applicant or contractors? _____
 - If run by contractors, is the applicant named as Additional Insured on their liability policy, and are the limits equal to or higher than the applicant's? Yes ___ No ___
4. Are there any off-premises trips, camps or conventions sponsored by the applicant? Yes ___ No ___
If yes, please describe: _____
5. Is the building(s) on the Historic Registry? Yes ___ No ___
6. What is the appraised value of any art work or religious icons to be insured? _____
7. Have there been any vandalism losses in the past three years? Yes ___ No ___
8. Have there been any physical or sexual abuse claims within the past 5 years? Yes ___ No ___
9. Is there a cemetery, burial ground or mausoleum owned by the applicant? Yes ___ No ___
If yes, is the cemetery, burial ground or mausoleum located on the premises? Yes ___ No ___
10. If there is cooking on the premises, please answer the following questions:
 - a. Is there an automatic extinguishing system over all cooking surfaces? Yes ___ No ___
 - b. Is there a cleaning contract in place with an outside firm? Yes ___ No ___
 - c. Are hoods and ducts cleaned regularly by employees? Yes ___ No ___

Named Insured Signature: _____

Date: _____