

# Supplementary Application/Additional Locations

The General Insurance Plan for The United Church of Canada

Please copy and complete this form for each additional location

If you have any questions or require assistance completing this application, please phone or fax us as follows:

Phone: Toll Free: 1-888-550-5458; Fax 1-866-421-1962 | Phone:Local (Toronto) 416-597-3400; Fax (Toronto) 647-435-5228

Email: [ucc@hubinternational.com](mailto:ucc@hubinternational.com)

Name of Church: \_\_\_\_\_

## LOCATION ADDRESS

Location address	City	Province	Postal Code
------------------	------	----------	-------------

Location occupancy \_\_\_\_\_

Contact Name:	Email Address:	Telephone #:	Fax #:
---------------	----------------	--------------	--------

## SECTION II & III — PROPERTY - Yes No      SECTION IV - BOILER & MACHINERY - Yes No

**Type:**

<input type="checkbox"/> Church Building	<input type="checkbox"/> Manse
<input type="checkbox"/> C.E. Building	<input type="checkbox"/> Manse rented to others
<input type="checkbox"/> Church attached to C.E. Building	<input type="checkbox"/> Other
<input type="checkbox"/> Cemetery	If other, please describe, include address and occupancy

**Building Construction:**

<input type="checkbox"/> Fire resistive standard (reinforced concrete floor, roof, walls and structure)	<input type="checkbox"/> Solid brick, concrete block, stone
<input type="checkbox"/> Fire resistive non-standard (masonry / concrete walls / steel deck roof)	<input type="checkbox"/> Wood frame
<input type="checkbox"/> Masonry veneer (wood frame with brick facing)	<input type="checkbox"/> Other, specify:

**Roof Cover:**  Asphalt    Shingle    Slate    Other, specify: \_\_\_\_\_

Heating:  Hot Water Boiler or Steam Boiler    Forced Air Furnace    Electrical    Other, specify: \_\_\_\_\_      Fuel used:  Gas    Oil    Other, specify: \_\_\_\_\_

Air conditioner type:  Central    Roof Top mounted    Window    Other, specify: \_\_\_\_\_

Year built: \_\_\_\_\_      Total square footage of building including basement: \_\_\_\_\_

Indicate the year the following were last updated and whether it was a full (F) or partial (P)

Roof: Year:  F  P      Electrical: Year:  F  P      Plumbing: Year:  F  P      Heating: Year:  F  P

Is there a fire hydrant within 500 ft (152m):  Yes  No      Distance from firehall: \_\_\_\_\_ miles or \_\_\_\_\_ km

Fire Hall type:  Paid    Voluntary

Will the property be vacant at any time during the year?  Yes  No      If yes, mandatory notification to insurance company

Has your Church been classified as a Heritage Building?  Yes  No      If yes, please include costs of skilled labour and authentic materials to replace Heritage Buildings and contents: \$ \_\_\_\_\_

Prior Insurance:  Yes  No

Name of Insurer: \_\_\_\_\_      Expiry date: \_\_\_\_\_      Policy Number: \_\_\_\_\_

Claims/Losses (in last 5 years):  Yes  No      If yes, please describe: \_\_\_\_\_

## Property Sublimits – APPLICABLE TO ALL LOCATIONS – If higher limits are required, please specify

Coverage (Business Interruption)	STANDARD LIMITS	<input type="checkbox"/> Please indicate if higher limits required
Rental Income/Business Income/Extra Expense	\$500,000	\$
Ordinary Payroll - 90 Days (wages of staff other than those whose services would not be dispensed with in event of a loss)	Not Covered	\$ (not insured unless an amount is specified)
<b>If an amount is selected, please indicate whether the Ordinary Payroll limit is to be in excess of the combined \$500,000 limit</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		

Any changes to occupancy or upgrades to the risk? If yes, please describe: \_\_\_\_\_

**DO YOU QUALIFY FOR THESE DISCOUNTS ? (Applied to property rates only)**

Is there a burglar alarm?  Yes  No

If yes, please specify type:  Local  Central (if centrally monitored, the discount will only be applied with a copy of the alarm certificate)

Is there a fire alarm?  Yes  No

If yes, please specify type  Local  Central (if centrally monitored, the discount will only be applied with a copy of the alarm certificate)

Is the building sprinklered?  Yes  No If yes, please indicate percentage of area sprinklered: \_\_\_\_\_ %

Has the property been appraised?  Yes  No If yes, please provide a copy of the appraisal, if not already provided.

**SIGNATURE**

The Applicant represents that the statements and facts contained within the application are true and that no material facts have been suppressed or misstated, and asserts that (s)he is authorized to sign this application on behalf of the Applicant.

Completion of this form does not bind coverage. Applicant's acceptance of an insurer's quotation is required prior to binding coverage and policy issuance. It is agreed that this form shall be the basis of the contract should a policy be issued.

By signing this form you are consenting to the statements listed in the Declarations under the Renewal or New Business Application form.

First Name (please print):

Last Name (please print):

Position:

Authorized Signature:

Date (mm/dd/yyyy):

Telephone: (     )

Fax: (     )

Email: