

TPCI Supplemental - Religious Institutions

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| Insured Name | | Years of industry experience | Full time employees |
| | | | Part time employees |
| Security/Surveillance at Premises (check all that apply) <input type="checkbox"/> Video Surveillance Security Service <input type="checkbox"/> Employees <input type="checkbox"/> Contractors <input type="checkbox"/> No Security or Surveillance <input type="checkbox"/> Armed <input type="checkbox"/> <input type="checkbox"/> Unarmed <input type="checkbox"/> | | | For contracted security services: 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 |

Liability Information

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

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| Liquor Sales (at each locations) | 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? AM / 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)

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| # 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)

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| 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"/> Other moving or spinning equipment |
| | <input type="checkbox"/> Merry-Go-Rounds | <input type="checkbox"/> Crawl Tubes | <input type="checkbox"/> Swings | <input type="checkbox"/> Other stationary equipment |
| | <input type="checkbox"/> Jungle Gyms | Describe "other" equipment: | | |
| What type of surface exists below the playground equipment? | | | | Are playgrounds entirely enclosed or fenced in? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Rubber | <input type="checkbox"/> Sand | <input type="checkbox"/> Other soft surface | Describe "other" surface: | |
| <input type="checkbox"/> Grass | <input type="checkbox"/> Dirt | <input type="checkbox"/> Other Hard surface | | |

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| Number of athletic courts (tennis, basketball, etc): | Number of swimming pools or spas: |
| If there are no pools or spas, this section may be skipped | |
| Is the pool/spa completely fenced-in (5 ft 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 of 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)

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| 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

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| <input type="checkbox"/> 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, are there 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 | |
| Is there any stained glass windows valued in excess of \$10,000 per pane? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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| <p>THE UNDERSIGNED IN AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWER TO QUESTION ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO BEST OF HIS/HER KNOWLEDGE.</p> | | | |
| Producer's Signature | | Producer's Name (Please Print) | |
| Applicant's Signature | | Date | National Producer Number |