

TPCI Supplemental - Religious Institutions

Insured Name:	Years of industry experience:			Full time employees:				
				Part time employees:				
Security/Surveillance at Premises (check all that app	oly):			cted security services: Does the security				
Video Surveillance Security Service: En	nployees Contra			name the applicant as additional insured in				
No Security or Armed			their GL an	nd Security Guard E&O policy?				
Surveillance Unarmed				Yes No N/A				

Liability Information

Check here if there are no liquor sales (if checked, t	this section may be skipped)							
Liquor Sales	Does the applicant require all alcohol servers to receive a formal							
(at each location):	Alcohol Training Course? Yes No							
When (latest hour, if varies) does AM	Does the applicant have drinking games or offers of unlimited							
the sale or serving of alcohol stop?	alcoholic beverages? Yes No							
Check here if there is no vacant land (if checked, th	is section may be skipped)							
# of Acres: Is any land being used	d as hunting preserves or dude ranches? Yes 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 Indicate type of equipment present (check all that apply): Playgrounds: Teeter-Totters Climbers Slides Other moving or spinning equipment Merry-Go-Rounds Crawl Tubes Swings Other stationary equipment Jungle Gyms Describe "other" equipment: Describe "other"								
What type of surface exists below the playground equipment? Are playgrounds entirely enclosed Rubber Sand Other Soft surface Describe "other" fenced in? Grass Dirt Other Hard surface surface: Yes No								

Number of athletic courts (tennis, basketball, etc): Number of swimming pools or spas:

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?								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?								No	
Does the pool/spa have a drain cover	١	ſes	Is there a roof top		Yes	Is there a divin	Yes		
or anti-entrapment systems?	1	No	swimming pool/spa? No boa		board or slide?	,	No		
Is there a pool/spa lift in compliance with Americans with Disability Act?					Yes	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	Yes	What is operator's
as additional insured in their liability policy?	No	liability policy limit?

Property Information

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Check here if there is no cooking exposure (if check	cke <mark>d, t</mark> his	section	may	ı be	skip	ped)				
Is the kitchen equipped with an automatic extinguishing system			Yes	I	s the	e automatic extinguishir	ng system		Yes	
covering all cooking and ventilation equipment?	ng and ventilation equipment?			ι	JL-30	00/NFPA compliant?			No	
How often is extinguishing system including flue/	Mo	uentl	у		Every two months	Annually				
duct cleaned/maintained by a third party?	tha	than monthly				Quarterly	Less frequ	ess frequently		
	Mo	nthly				Semi-Annually	than annu	ally		
Is there a manual release for the ANSUL system in the path of exit				١	Yes	For deep fat fryers, is	s there an		Yes	
from the cooking area and fire extinguishers compatible with the				I	No automatic thermost		t controlled		No	
extinguishing agent of the hood and duct system?				ſ	N/A fuel shut off mecha		ism?		N/A	
How often are the hood and filter cleaned?	Daily			1	Mon	:hly				
	Weekly	Weekly			Quar	terly or less frequently				
Are there any stained glass windows valued in excess of \$10,000 per pane?					Yes		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.										
Producer's Signature: Producer's				ducer's Name (Please Print):						

Applicant's Signature:	Date:	National Producer Nur	nber:
Applicant's Name (Please Print):		I	