

Chris-Leef General Agency, Inc.
P.O. Box 3747 Shawnee Mission, KS. 66203
(913) 631-1232 (913) 631-1128 fax
(800) 548-0491 (800) 383-1235 fax
contract@chris-leef.com

Clergy Professional Liability Application

Applicant's Name _____
Mailing Address _____
Location _____

Agent Name _____
Address _____
Agents # _____

PROPOSED EFFECTIVE DATE:
From _____ To _____
12:01 A.M., Standard Time at the mailing address.

Applicant is: Individual Corporation Partnership Joint Venture Limited Corporation
 Not For Profit Organization Other (Specify): _____

1. Advise the type of governing structure in the church, i.e. executive board, council, executive director, etc.:

2. Limits of Liability requested: _____

3. Date church established: _____

4. Religious body: _____

5. Denomination: _____

6. Size of congregation: _____

7. Do you have written hiring procedures? Yes No

8. Do your hiring procedures include any of the following:

- Educational background check None Written Verbal
- Fingerprint check None Written Verbal
- Previous employers check None Written Verbal
- Personal references check None Written Verbal

9. Sexual Misconduct or Molestation (response required). (If yes is checked below, explain fully in remarks):

a. Does the insured know of any circumstances that could lead or has led to a claim under sexual misconduct or molestation? Yes No

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

APPLICABLE IN THE STATE OF NEW YORK:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

FRAUD WARNING:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

APPLICANT'S SIGNATURE _____ DATE _____

PRODUCER'S SIGNATURE _____ DATE _____

IMPORTANT NOTICE

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.