



**Religious Division & Non-School Insurance Program  
Enrollment Request Form For 2018**  
(not available in FL (under 51 lives), NH and NY)

Instructions to obtain enrollment:

1. Complete this enrollment request form according to which plan design and class(es) you would like to obtain insurance for. Please make sure the form is signed by an authorized representative of your organization and agency.
2. Save completed form to your computer
3. Please send this form to: Email: [smic\\_information@amwins.com](mailto:smic_information@amwins.com) Fax: (715) 344-6126  
Or mail to: Special Markets Insurance Consultants, Inc., 1265 Main Street, Suite 202, Stevens Point, WI 54481  
Phone: (800) 727-7642
4. The enrollment request must be completed and returned for underwriter review. Please see 3. above for submission.

**Submission of this form does not guarantee coverage.** Enrollment will be offered if risk meets Underwriting Guidelines. Payment of premium is Named Insured's formal request to obtain insurance through the Special Markets Insurance Program.

**Account Information:**

Named Insured \_\_\_\_\_  
(as to be shown on policy declarations page)

Physical Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Fax \_\_\_\_\_ Website \_\_\_\_\_

Mailing Address \_\_\_\_\_

Location Address(es) (please attach additional pages if needed) \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Effective Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

Activity Start Date \_\_\_\_\_ Activity End Date \_\_\_\_\_

Please use additional sheet to list Activity Start & End Dates if more than one Activity is held.

Named Insured is:  Individual  Partnership  Corporation  Association  Other: \_\_\_\_\_  Non Profit

Years this entity in business \_\_\_\_\_ Years experience for this owner \_\_\_\_\_

**Accident Medical Coverage Requested:** Please choose only 1 plan design option shown below for all classes.

<input type="checkbox"/> Plan 5 - \$5,000 Benefit Maximum \$0 Deductible Full Excess \$2,500 Accidental Death \$5,000 Accidental Double Dismemberment \$2,500 Accidental Single Dismemberment Policy Fee: \$35.00 \$200.00 Minimum Premium**	<input type="checkbox"/> Plan 10 - \$10,000 Benefit Maximum \$0 Deductible Full Excess \$5,000 Accidental Death \$10,000 Accidental Double Dismemberment \$5,000 Accidental Single Dismemberment Policy Fee: \$35.00 \$200.00 Minimum Premium**	<input type="checkbox"/> Plan 25 - \$25,000 Benefit Maximum \$0 Deductible Full Excess \$10,000 Accidental Death \$20,000 Accidental Double Dismemberment \$10,000 Single Dismemberment Policy Fee: \$35.00 \$200.00 Minimum Premium**
---	--	---

(If you need primary coverage please contact us at [smic\\_information@amwins.com](mailto:smic_information@amwins.com) or you can reach one of our Sales Representatives by calling 1-800-818-7642.)

**Additional underwriting review is needed for all activities involving animals (such as horseback riding, petting zoos, etc.) and for any type of racing events. Please contact us at [smic\\_information@amwins.com](mailto:smic_information@amwins.com) or you can reach one of our Sales Representatives by calling 1-800-818-7642.**

Please look at each class and eligibility to determine if you will need the coverage. Once you have determined that you will need coverage, please proceed to fill out the information in the blanks for each class that coverage is needed. The rates will vary depending on which plan design option you have chosen above. Please make sure to use only one plan design option throughout the entire form. We are unable to give different plan design options for different classes.

**Class I –Child Care**

Eligibility to include youth Day Care participants, Pre-School participants, Kindergarten participants, Before and Afterschool participants, Mother/Parent’s Day Out participants and Unpaid Volunteers.

Activity	Age(s)	Number of Participants		Rates Are Per Person Per Year			Total Premium
				<input type="checkbox"/> Plan 5	<input type="checkbox"/> Plan 10	<input type="checkbox"/> Plan 25	
Day Care	_____	_____	X	\$2.25	\$2.35	\$2.75	= _____
Pre-School	_____	_____	X	\$2.25	\$2.35	\$2.75	= _____
Kindergarten	_____	_____	X	\$2.25	\$2.35	\$2.75	= _____
Before/Afterschool	_____	_____	X	\$2.25	\$2.35	\$2.75	= _____
Mother/Parent’s Day Out	_____	_____	X	\$2.25	\$2.35	\$2.75	= _____
Unpaid Volunteers	_____	_____	X	\$2.25	\$2.35	\$2.75	= _____
Total Premium for all Insured Persons**							= _____(A)

For Activities other than those listed above, please provide a brief description of activities to be covered.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Class II – Non-Overnight Volunteers – No Mission Trips (see Class VII for Mission Trips)**

Eligibility to include volunteers performing various tasks for the church or other organization as instructed by the church. Distinction will be:

- A. Non-Physical Activities (to include mostly clerical and other non-physical duties).
- B. Physical Activities (to include any physical work activities, such as construction, working with tools, building and grounds clean up and/or maintenance, etc.).

Volunteering Per Year	Number of Volunteers		Rates Are Per Person Per Year			Total Premium
			<input type="checkbox"/> Plan 5	<input type="checkbox"/> Plan 10	<input type="checkbox"/> Plan 25	
Less Than 10 Days (Non-Physical)	_____	X	\$0.50	\$0.75	\$1.00	= _____
More Than 10 Days (Non-Physical)	_____	X	\$2.00	\$2.50	\$3.00	= _____
Less Than 10 Days (Physical)	_____	X	\$1.00	\$1.50	\$2.00	= _____
More Than 10 Days (Physical)	_____	X	\$4.00	\$5.00	\$6.00	= _____
Total Premium for all Insured Persons**						= _____(B)

Please provide a brief description of Volunteer activities to be covered.

Physical Activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Non-Physical Activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Class III – Adult Church Groups – Non-Sports Activities (See Class V for sports activities)**

Eligibility to include adult members of the church participating in activities sponsored by the church. Church to choose between covering only 1) on premise activities (ex. Religious Education, Sunday Services, Bible Study, Other Classes and Activities Held at Church) 2) on and/or off premise (ex. Fund Raising and Service Work Opportunities). Coverage is for events that do not exceed 72 hours.

Activity	Average Weekly Adult Church Attendance (Include Guests)	Rates Are Per Person Per Year			Total Premium
		<input checked="" type="checkbox"/> Plan 5	<input type="checkbox"/> Plan 10	<input type="checkbox"/> Plan 25	
On Premise Activities Only	_____	X \$1.00	\$1.50	\$2.00	= _____
On and/or Off Premise Activities	_____	X \$2.00	\$3.00	\$4.00	= _____
Total Premium for all Insured Persons**					= _____(C)

For Activities other than those listed above, please provide a brief description of activities to be covered. Coverage is for events that do not exceed 72 hours.

---



---



---

**Class IV – Youth Church Groups – Non-Sports Activities (See Class V for sports activities)**

Eligibility to include youth members of the church participating in activities sponsored by the church. Church to choose between covering 1) only on premise activities (ex. Religious Education, Sunday Services, Bible Study, Other Classes and Activities Held at Church) 2) on and/or off premise (ex. Fund Raising and Service Work Opportunities. Coverage for Camp, Conference or Retreat – See Class VI). Coverage is for events that do not exceed 72 hours.

Activity	Average Weekly Youth Church Attendance (Include Guests)	Rates Are Per Person Per Year			Total Premium
		<input checked="" type="checkbox"/> Plan 5	<input type="checkbox"/> Plan 10	<input type="checkbox"/> Plan 25	
On Premise Activities Only	_____	X \$0.75	\$1.00	\$1.25	= _____
On and/or Off Premise Activities	_____	X \$1.50	\$2.00	\$2.50	= _____
Total Premium for all Insured Persons**					= _____(D)

For Activities other than those listed above, please provide a brief description of activities to be covered. Coverage is for events that do not exceed 72 hours.

---



---



---

**Class V – Organized Teams and/or Leagues / Tournaments**

Eligibility would be for youth and adult teams and/or leagues and tournaments. **The enrollment request form must be completed and returned for underwriter review. Once completed please send this form to: Email: [smic\\_information@amwins.com](mailto:smic_information@amwins.com) or Fax: (715) 344-6126 and a quote will be provided. Coverage cannot be bound until your quote is released.**

Sport / Activity – LIST ONLY ONE PER SECTION.	Start Date			End Date			Age Range	Estimated Number to be Insured
	MO	DAY	YR	MO	DAY	YR		
							12 & Under	
							13-15	
							16-18	
							19 & Over	
							Volunteers	
							Coaches	
							Officials/Umpires	
							12 & Under	
							13-15	
							16-18	
							19 & Over	
							Volunteers	
							Coaches	
							Officials/Umpires	
							12 & Under	
							13-15	
							16-18	
							19 & Over	
							Volunteers	
							Coaches	
							Officials/Umpires	
							12 & Under	
							13-15	
							16-18	
							19 & Over	
							Volunteers	
							Coaches	
							Officials/Umpires	
							12 & Under	
							13-15	
							16-18	
							19 & Over	
							Volunteers	
							Coaches	
							Officials/Umpires	

Do you need General Liability Coverage for your Organized Teams and/or Leagues / Tournaments?  Yes  No  
**If yes, the General Liability and Accident Medical Coverage will be quoted together and not separately and the following questions must be answered:**

Number of est. spectators for all Sports/ Activities insured: \_\_\_\_\_  
 Number of est. spectators at each game: \_\_\_\_\_  
 How many sessions / games: \_\_\_\_\_

Do you require participants and volunteers to sign waivers?  Yes  No  
 Do you have procedures for screening employees, coaches, volunteers?  Yes  No  
 Do you have a written contract with the facilities you utilize?  Yes  No

**Are you contractually obligated to name facility owners as additional Insureds?**  Yes  No

If yes complete the following if requesting General Liability:

Additional Insured Name\* Complete Address Relationship to you (examples below)\*\*

\*Additional Insured Certificates – Each additional Insured Certificate is \$35.00 (non-commissionable).

\*\*Relationship Examples: Owners/Lessors of Premises, State or Governmental Agency or Subdivision or Political Subdivision, Lessor of Leased Equipment, Mortgagee, Assignee or Receiver, Sponsor, Co-promoters.

Do you need Abuse & Molestation coverage for your Organized Teams and/or Leagues / Tournaments?  
 (If yes please complete the Abuse & Molestation section.)

Yes  No

**Class VI – Camp, Conference, Retreat, Domestic Overnight Trips**

Eligibility would be youth and/or adults participating in church sponsored activities. Rope courses and snow sports are included in the pricing.

Type of Camp (please check all that apply):  Day  Overnight  Travel  Sport  Youth  Adult  Special Needs  
 Other (specify): \_\_\_\_\_

Describe all activities you are requesting insurance coverage for: \_\_\_\_\_  
 \_\_\_\_\_

Total number of volunteers for all camps: \_\_\_\_\_

**CAMP LOCATION(S) / ACTIVITIES**

Name and Address of Camp Location	Camp Starts			Camp Ends			No. of Days	Age Range of Participants	Estimated Number of Participants to be Insured
	MO	DAY	YR	MO	DAY	YR			
<input type="checkbox"/> Day <input type="checkbox"/> Overnight								12 & Under	
								13-15	
								16-18	
								19 & Over	
								Volunteers	
<input type="checkbox"/> Day <input type="checkbox"/> Overnight								12 & Under	
								13-15	
								16-18	
								19 & Over	
								Volunteers	
<input type="checkbox"/> Day <input type="checkbox"/> Overnight								12 & Under	
								13-15	
								16-18	
								19 & Over	
								Volunteers	
<input type="checkbox"/> Day <input type="checkbox"/> Overnight								12 & Under	
								13-15	
								16-18	
								19 & Over	
								Volunteers	
<input type="checkbox"/> Day <input type="checkbox"/> Overnight								12 & Under	
								13-15	
								16-18	
								19 & Over	
								Volunteers	

Activity	Number of Participants/Volunteers	Number of Camp Days	Rates Are Per Person Per Calendar Day				Total Premium
			<input type="checkbox"/> Plan 5	<input type="checkbox"/> Plan 10	<input type="checkbox"/> Plan 25		
Overnight Camp 1	_____ X	_____	X	\$0.24	\$0.33	\$0.48	= _____
Overnight Camp 2	_____ X	_____	X	\$0.24	\$0.33	\$0.48	= _____
Overnight Camp 3	_____ X	_____	X	\$0.24	\$0.33	\$0.48	= _____
Overnight Camp 4	_____ X	_____	X	\$0.24	\$0.33	\$0.48	= _____
Overnight Camp 5	_____ X	_____	X	\$0.24	\$0.33	\$0.48	= _____
Day Camp 1	_____ X	_____	X	\$0.15	\$0.20	\$0.25	= _____
Day Camp 2	_____ X	_____	X	\$0.15	\$0.20	\$0.25	= _____
Day Camp 3	_____ X	_____	X	\$0.15	\$0.20	\$0.25	= _____
Day Camp 4	_____ X	_____	X	\$0.15	\$0.20	\$0.25	= _____
Day Camp 5	_____ X	_____	X	\$0.15	\$0.20	\$0.25	= _____
Total Premium for all Insured Persons**							= _____ (E)

Do you need General Liability Coverage for your Camp, Conference, Retreat, Domestic Overnight Trips?  Yes  No

Do you need Abuse & Molestation coverage for your Camp, Conference, Retreat, Domestic Overnight Trips?  Yes  No  
 (If yes please complete the Abuse & Molestation section.)

**If yes, the enrollment request form must be completed and returned for underwriter review. Once completed please send this form to: Email: [smic\\_information@amwins.com](mailto:smic_information@amwins.com) or Fax: (715) 344-6126. The General Liability and Accident Medical Coverage will be quoted together and not separately. Coverage cannot be bound until your quote is released.**

If requesting General Liability Coverage, the following questions must be answered:

Do you require all event participants and volunteers to sign waivers?  Yes  No

Do you have a written contract in place with all persons or entities you contract with?  Yes  No

Do these contracts contain a harmless agreement whereby you the Named insured do NOT assume liability of any other person(s) or entities?  Yes  No

Do you require those you contract with to name you as an Additional Insured on their liability insurance and provide evidence of doing so?  Yes  No

**Are you contractually obligated to name any organization as additional insured?**  Yes  No

If yes complete the following:

Additional Insured Name\* Complete Address Relationship to you (examples below)\*\*

\*Additional Insured Certificates – Each additional Insured Certificate is \$35.00 (non-commissionable).

\*\*Relationship Examples: Owners/Lessors of Premises, State or Governmental Agency or Subdivision or Political Subdivision, Lessor of Leased Equipment, Mortgagee, Assignee or Receiver, Sponsor, Co-promoters.

**Class VII – Mission Trips – Domestic**

Eligibility would be youth and/or adults participating in church sponsored mission trips.

Name and Location of Trip – (please be specific) provide a detail listing of all activities occurring during trip	Trip Starts			Trip Ends			Estimated Number To be Insured
	MO	DAY	YR	MO	DAY	YR	

	Number of Participants	X	Number of Days	X	Rates Are Per Person Per Calendar Day			Total Premium
					<input type="checkbox"/> Plan 5	<input type="checkbox"/> Plan 10	<input type="checkbox"/> Plan 25	
Trip 1	_____	X	_____	X	\$0.33	\$0.48	\$0.71 =	_____
Trip 2	_____	X	_____	X	\$0.33	\$0.48	\$0.71 =	_____
Trip 3	_____	X	_____	X	\$0.33	\$0.48	\$0.71 =	_____
Trip 4	_____	X	_____	X	\$0.33	\$0.48	\$0.71 =	_____
Trip 5	_____	X	_____	X	\$0.33	\$0.48	\$0.71 =	_____
Trip 6	_____	X	_____	X	\$0.33	\$0.48	\$0.71 =	_____
Total Premium for all Insured Persons** =								_____ (F)

**Class VIII – Church Events**

Eligibility would be all participants of specific church sponsored events involving participants who are not members of the policyholder church. Coverage for activities such as fairs, festivals, auctions, craft fairs and other fund raising events.

**Church Events – Underwriting Information**

Name of Event \_\_\_\_\_  
 (Attach a copy of rental agreement or contract to rent or use venue)

Describe all events, activities, and operations you are requesting insurance for: \_\_\_\_\_

Schedule of Events (use separate sheet if needed & attach brochure or promotional materials if applicable)

Activity	Date	Time(s)	Location Name / Address	Estimated Attendance

Number of Participants Youth \_\_\_\_\_ Over 18 \_\_\_\_\_

Number of Volunteers \_\_\_\_\_ Number of Volunteers per day \_\_\_\_\_

Number of Attendees \_\_\_\_\_ Number of Attendees per day \_\_\_\_\_ Ticket Prices \$ \_\_\_\_\_

Do you have prior experience with this event or similar events? Provide details \_\_\_\_\_  Yes  No

Are overnight accommodations or camping facilities part of the event?  Yes  No

Will this event feature any of the following activities?  Yes  No

- Rides, amusement devises or inflatable recreational devices
- Petting zoos or animals
- Fireworks or pyrotechnics

Is this event held annually?  Yes  No

Is there a musical or entertainment performance at the event?  Yes  No

If yes, please list the type of performer (s): \_\_\_\_\_

If a musical performer/DJ, please provide the type of music provided/performed: \_\_\_\_\_

Is your event held  Indoors  Outdoors

	Number of Participants & Volunteers	Number of Days	Rates Are Per Calendar Day Based On Estimated Attendance				Total Premium
			<input type="checkbox"/> Plan 5	<input type="checkbox"/> Plan 10	<input type="checkbox"/> Plan 25		
Event 1	X _____	_____	X \$0.15	\$0.20	\$0.25	= _____	
Event 2	X _____	_____	X \$0.15	\$0.20	\$0.25	= _____	
Event 3	X _____	_____	X \$0.15	\$0.20	\$0.25	= _____	
Event 4	X _____	_____	X \$0.15	\$0.20	\$0.25	= _____	
Event 5	X _____	_____	X \$0.15	\$0.20	\$0.25	= _____	
Event 6	X _____	_____	X \$0.15	\$0.20	\$0.25	= _____	
<b>Total Premium for all Insured Persons**</b>						= _____	<b>(G)</b>

Do you need General Liability Coverage for Church Events?  Yes  No

Do you need Abuse & Molestation coverage for your Church Events?  Yes  No  
 (If yes please complete the Abuse & Molestation section.)

**If yes, the enrollment request form must be completed and returned for underwriter review. Once completed please send this form to: Email: [smic\\_information@amwins.com](mailto:smic_information@amwins.com) or Fax: (715) 344-6126. The General Liability and Accident Medical Coverage will be quoted together and not separately. Coverage cannot be bound until your quote is released.**

If requesting General Liability Coverage, the following questions must be answered:

- Do you require all event participants and volunteers to sign waivers?  Yes  No
- Do you have a written contract in place with all persons or entities you contract with?  Yes  No
- Do these contracts contain a harmless agreement whereby you the Named insured do NOT assume liability of any other person(s) or entities?  Yes  No
- Do you require those you contract with to name you as an Additional Insured on their liability insurance and provide evidence of doing so?  Yes  No

**Are you contractually obligated to name facility owners as additional insureds?**  Yes  No

If yes, complete the following if requesting General Liability:

<u>Additional Insured Name*</u>	<u>Complete Address</u>	<u>Relationship to you (examples below)**</u>
_____	_____	_____

\*Additional Insured Certificates – Each additional Insured Certificate is \$35.00 (non-commissionable).  
 \*\*Relationship Examples: Owners/Lessors of Premises, State or Governmental Agency or Subdivision or Political Subdivision, Lessor of Leased Equipment, Mortgagee, Assignee or Receiver, Sponsor, Co-promoters.

**Church Events – Venue Information** (If requesting General Liability Coverage, the following questions must be answered):

Name of Venue \_\_\_\_\_

Address of Venue \_\_\_\_\_

What is the seating capacity? \_\_\_\_\_ Is the seating permanent or temporary? \_\_\_\_\_

Number of Exhibitors \_\_\_\_\_

Who is supplying security at venue? \_\_\_\_\_  
 (If private firm, they must have insurance and name you as an additional insured.) Are they armed?  Yes  No

Describe the safeguards in place to prevent injury to spectators: \_\_\_\_\_

Who is responsible for first aid / medical arrangements? \_\_\_\_\_

Who is responsible for concessions? \_\_\_\_\_

Who is responsible for parking? \_\_\_\_\_

Who is responsible for facility maintenance? \_\_\_\_\_

- Is the event limited to venue grounds?  Yes  No  
 If not, provide details: \_\_\_\_\_
- If there is swimming, are certified lifeguards on duty?  Yes  No
- Are they CPR certified?  Yes  No
- Are certificates received by the insured?  Yes  No

**Revenue Generated:**

Admission Fees	\$	_____
Liquor Sales	\$	_____
Food Sales	\$	_____
Merchandise	\$	_____

Will alcoholic beverages be served or sold at this event? If so, by whom? \_\_\_\_\_

a. Has server provided evidence of liquor liability insurance?  Yes  No

Is Liquor Liability coverage desired? **If yes, please complete the Liquor Liability section.**  Yes  No

**Liquor Liability (Additional Benefit. To be completed if requesting General Liability Coverage)**

1. Is the Liquor License in your name?  Yes  No
  - a. If yes, is it an annual license?  Yes  No
2. Have you ever been assessed a fine or violation of a law concerning the sale, serving or providing of alcohol?  Yes  No
  - a. If yes, explain \_\_\_\_\_
3. Have you had any occurrences that have arisen out of the sale, serving, or providing of any alcoholic beverage?  Yes  No
  - a. If yes, explain \_\_\_\_\_
4. Has your liquor liability insurance been canceled or non-renewed in the last 3 years?  Yes  No
  - a. If yes, explain \_\_\_\_\_



5. Are your employees or volunteers serving liquor?  
If not, who is serving? \_\_\_\_\_ Do you secure Certificate of Insurance from the contracting party?  Yes  No
6. Are servers, bartenders, and parking valets required to participate in alcohol awareness programs?  Yes  No
7. Is there a Designated Driver Program or escort service provided for those unable to drive?  Yes  No

**Abuse & Molestation (Additional Benefit. To be completed if requesting General Liability Coverage)**

1. Do you do criminal background investigations on all those involved with children?  Yes  No
2. Do you verify employment related references?  Yes  No
3. Do you have written procedures along with formal training for dealing with sexual abuse?  Yes  No
4. Do you have a plan of supervision that monitors staff in day-to-day relationships with clients, both on and off premises?  Yes  No
5. Has your organization ever had an incident which resulted in an allegation of sexual abuse?  
If yes, please describe. \_\_\_\_\_  Yes  No

- a) Was a claim made against the organization?  Yes  No
- b) Was the case settled?  Yes  No
- c) Was the case taken to trial?  Yes  No
- d) How much money was paid in damages to the victim \$ \_\_\_\_\_
6. Are Motor Vehicle Records obtained for all Managers, Supervisors and those involved directly with any directly with any children?  Yes  No
7. Does your staff (paid and volunteer) employment application include questions on whether the individual has ever been convicted of sex-related or child-abuse related offense?  Yes  No
8. Do you conduct a personal interview?  Yes  No
9. Regarding coverage for abuse & molestation, does your current insurance:
  - a) Exclude coverage?  Yes  No
  - b) Limit coverage? (please indicate limit of liability \$ \_\_\_\_\_)  Yes  No
  - c) Neither exclude nor limit coverage  Yes  No
10. How many years of management experience does the owner have? \_\_\_\_\_
11. Please indicate age range of clients. \_\_\_\_\_
12. How long do you maintain copies of all documentation (i.e. employment applications, background investigations, MVR's)?  
\_\_\_\_\_ (recommend at least 7 years for claim purposes)

**Underwriting Information For Class V And Any Account With Total Premium Due Of \$10,000.00 Or More:**

- Do you currently have or have you had Accident Medical Coverage and/or General Liability?**  Yes  No
- a. If yes, please provide a copy of your current policy's schedule page.
  - b. If yes, please provide 3 years loss experience.

**Premium Calculation for All Classes**

	TOTAL PREMIUM
<b>Class I – Child Care:</b>	_____ (A)
<b>Class II – Non-Overnight Volunteers – No Mission Trips:</b>	_____ (B)
<b>Class III – Adult Church Groups – Non-Sports Activities:</b>	_____ (C)
<b>Class IV – Youth Church Groups – Non-Sports Activities:</b>	_____ (D)
<b>Class VI – Camp, Conference, Retreat, Domestic Overnight Trips:</b>	_____ (E)
<b>Class VII – Mission Trips – Domestic:</b>	_____ (F)
<b>Class VIII – Church Events:</b>	_____ (G)
<b>Total Due**:</b>	_____
	(**Minimum Premium is \$200.00)
<b>Policy Fee</b>	<b>\$35.00</b>
<b>GRAND TOTAL PREMIUM (FOR ALL CLASSES SELECTED*** =</b>	<b>_____</b>

(\*\*\$200.00 Minimum Premium & \$35.00 Policy Fee is due at Policy issuance and is considered fully earned.)

\*\*\*Any account with Total Premium Due of \$10,000.00 or more and/or General Liability Coverage must have underwriter review/approval prior to acceptance and binding.

Please make check payable to Special Markets Insurance Consultants, Inc.

Applicant's Statement and Declarations

The applicant declares to the best of his / her knowledge the information contained in this request for quote form and all supplements attached to be true and that no material facts have been suppressed or misstated. The applicant further understands that any false or fraudulent statements or misrepresentations could result in termination or voidance of any insurance contract issued from the information stated herein.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

All above information requested is required for policy issuance. The licensed agent is required to complete the section below. Policies can not be issued without all the required information being completed.

**Local/Regional Licensed Agency**

Agency Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Agent Name (Printed): \_\_\_\_\_ Agent Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Licensed Agent)

Email Address: \_\_\_\_\_ Proposal Number: \_\_\_\_\_

**FRAUD NOTICE STATEMENTS**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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 THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). **(NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, RI, TN, VA, VT, WA AND WV).**

**APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV:** ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

**APPLICABLE IN COLORADO:** IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

**APPLICABLE IN FLORIDA AND OKLAHOMA:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

**APPLICABLE IN KANSAS:** ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

**APPLICABLE IN MAINE, TENNESSEE, VIRGINIA AND WASHINGTON:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.