



**Supplemental Application for
Pastoral Counseling Liability Coverage**

THIS IS AN APPLICATION FOR OCCURRENCE OR CLAIMS MADE COVERAGE. PLEASE REVIEW THIS COVERAGE CAREFULLY AND DISCUSS THE COVERAGE HEREUNDER WITH YOUR INSURANCE AGENT AND YOUR ATTORNEY.

Name of Applicant: _____

Mailing Address: _____

1. a. Effective date of coverage: _____
 b. Requested Retroactive Date: _____ **FOR CLAIMS MADE COVERAGE ONLY**

2. Limits of Insurance:
Occurrence Coverage:
 \$250,000 Each Claim/\$250,000 Aggregate \$500,000 Each Claim/\$500,000 Aggregate
 \$1,000,000 Each Claim/\$1,000,000 Aggregate
Claims-Made Coverage:
 \$250,000 Each Claim/\$250,000 Aggregate \$500,000 Each Claim/\$500,000 Aggregate
 \$1,000,000 Each Claim/\$1,000,000 Aggregate

3. Deductible: \$10,000 \$50,000 \$100,000 Other: \$ _____

4. Complete the following information for each pastor proposed for pastoral counseling coverage:

Name	College and Degree(s)	Full time or part time (≤ 20 hours)	Number of counseling courses	Years Experience	
				As a pastor	At this church

5. Within the last 5 years, has the pastor(s) ever been involved in personal bankruptcy? Yes No
 If "yes", provide details _____

6. a. Is counseling offered to anyone that is not a member of the church? Yes No
 b. Has any pastor received income from counseling? Yes No
 c. Where are the counseling sessions held?
 Church Pastor's home Counselee's home Other _____

7. a. Has any business insurance been refused, cancelled or nonrenewed in the last 5 years? (Not applicable in Missouri.) Yes No
 b. Has the church or any pastor had pastoral counseling coverage declined, cancelled or nonrenewed? (Not applicable in Missouri.) Yes No
 c. Has the church or any pastor had any claim or suit brought against them as a result of counseling activities? Yes No
 d. Does the church or any pastor have knowledge of any fact, circumstance or situation which they have reason to suppose might afford grounds for any claim that would fall within the scope of the proposed insurance? Yes No

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If the answer is "yes" to any part of question 7, provide complete details by attachment.

8. Current/prior pastoral counseling coverage
Carrier _____
Effective/expiration dates _____ to _____ Retro Date _____
Limits of liability _____ Deductible _____

The undersigned is an authorized representative of the Applicant and certifies that reasonable investigation and inquiry has been made to obtain the answers to questions on this Application. When providing information for purposes of requesting a renewal, if applicable, the Applicant has carefully reviewed the prior application form to ensure that the Insurer has been provided with updated information. The undersigned certifies that the answers are true, correct and complete to the best of his/her knowledge.

FRAUD NOTICES: Prior to signing this application/proposal form, review the following statutory fraud notices as they may apply to the applicant's place of domicile.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, VT.) In DC, LA, ME, TN and VA, insurance benefits may be denied.)

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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

HAWAII: FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT OR BOTH.

OHIO: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

OKLAHOMA: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

By: _____
Authorized Representative

Title: _____ Date: _____

Licensed Agent or Broker: _____

License Number: _____

COVERAGE CANNOT BE ISSUED UNLESS THE APPLICATION IS PROPERLY SIGNED AND DATED.