

RISK MANAGEMENT SERVICES

a division of Christian Brothers Services

1205 Windham Parkway, Romeoville, IL 60446-1679

630-378-2900 • 800-807-0300 • Fax 630-378-2508

E-mail info@cbservices.org • Web www.cbservices.org



GENERAL APPLICATION

Organization Name: _____

Mailing Address: _____ City: _____ State _____ Zip _____

Phone: _____ Fax: _____ E-mail: _____

Please indicate if the organization meets the following requirements to qualify as a member of Christian Brothers Risk Pooling Trust:

Catholic Religious and Charitable 501(c)3 not-for-profit corporation: Yes No

Listed in the current edition of *The Official Catholic Directory* published by P.J. Kenedy & Sons: Yes No

Please indicate your Federal ID # _____ State incorporated In _____

Please indicate your legal corporate title _____

CURRENT RENEWAL DATE: _____ **Current Insurance Company:** _____

Description of Operations

Educational Institutions

- ALTERNATIVE SCHOOL # of Students _____
- SPECIAL EDUCATION SCHOOL # of Students _____
- PRE-SCHOOL/DAY CARE # of Students _____
- ELEMENTARY # of Students _____
- JUNIOR HIGH SCHOOL # of Students _____
- HIGH SCHOOL # of Students _____
- UNIVERSITY/COLLEGE # of Students _____
- NOVITIATE/SEMINARY # of Students _____
- OTHER # of Students _____

OF TEACHERS/FACULTY F.T. # _____
P.T. # _____

Community Services

- CHURCH
- FOOD PANTRY/SOUP KITCHEN
of meals served each week _____
- THRIFT/SECOND-HAND STORE
 - Clothing/Furniture
 - Appliances
 - Other _____
- GIFT SHOP
- RETREAT HOUSE/CENTER
 - Religious Retreatants
of Retreats Held Annually _____
 - Lay Retreatants
of Retreats Held Annually _____
- SOCIAL CENTER
- CAMP
 - Day Camp Overnight Camp
- OTHER _____

Health & Psychological Services

- COUNSELING/MENTAL HEALTH CENTER
Approx. # of Annual Visits _____
- MEDICAL CLINIC
Approx. # of Annual Visits _____
- DENTAL CLINIC
Approx. # of Annual Visits _____
- OTHER _____
Approx. # of Annual Visits _____

Homes for the Religious - Private

- CONVENT
of Residents _____
- MONASTERY
of Residents _____
- INFIRMARY
of Residents _____
- OTHER _____
of Residents _____

Homes Open to the Public

NURSING HOME
 # of Residential Care Beds _____
 # of Intermediate Care Beds _____
 # of Skilled Care Beds _____

RETIREMENT HOME OR VILLAGE
 # of Residential Care Beds _____
 # of Intermediate Care Beds _____
 # of Skilled Care Beds _____

HOME FOR MENTALLY OR PHYSICALLY HANDICAPPED
 # of Residents _____

EMERGENCY OR TEMPORARY SHELTER
 # of Beds _____

LOW-INCOME HOUSING
 # of Housing Units _____

OTHER
 # Residents _____

Homes for Children

ORPHANAGE
 # of Children _____

GROUP HOME
 # of Children _____

HOME FOR MENTALLY OR PHYSICALLY HANDICAPPED
 # of Children _____

OTHER _____
 # of Children _____

Other Business Operations

PROVINCIAL **OFFICE OF AN ORDER** # OF MEMBERS _____
 CEMETERY **PUBLIC** **PRIVATE (RELIGIOUS ONLY)**
 PRINTING/PUBLISHING: **WRITING/EDITING** **PRINTING PRESS** **ASSEMBLY & MAILING**
 MOVIE PRODUCTION: EXPLAIN: _____
 TELEVISION/RADIO BROADCAST COMMUNICATIONS: EXPLAIN: _____

FARM CROP TYPES: _____ HERD TYPES: _____
 OFFICE: TYPE OF BUSINESS CONDUCTED _____

Other Operations not described above:

PLEASE INDICATE THE NUMBER OF EMPLOYEES: Lay # _____ Religious # _____

Please T check the box of coverages and deductibles required. Fill in the spaces with desired limits or send a copy of your current policy(ies). Please send at least 5 years claim history for each line of coverage to be quoted.

Automobile Collision/Comprehensive Deductible: \$250/\$100 \$500/\$250 \$1,000/\$500
 (Please attach a schedule of all vehicles which includes the year, make, serial number, and garaging city and state of the vehicle, or complete the enclosed Automobile Schedule.)

Personal Effects of Religious Provides \$10,000 of coverage for the personal possessions of Religious Members.
 \$500 limit on cash.
 Number of Religious Members: _____

Watercraft Hull coverage for physical damage to boats
 (Please attach a schedule of all watercraft items or complete the enclosed Watercraft Schedule. Indicate if any of the hulls are over 25 feet in length.)

DEDUCTIBLES

	\$250	\$500	\$750	\$1,000	\$2,500	\$5,000	\$10,000	\$25,000
<input type="checkbox"/> Property All risks of physical loss. Replacement cost coverage on all scheduled buildings. Replacement cost on all contents up to stated limit. Total Building Values: \$ _____ Total Contents Values: \$ _____ <i>(Please attach a schedule of all buildings and content values or complete the enclosed Property Value Schedule.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Fine Arts Limit: \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Earthquake Coverage for earth movement, landslide, mud flow, earth sinking, earth rising or shifting. Limit: \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Flood Coverage for surface water, waves, tidal water or tidal wave, overflow of streams or other bodies of water, or spray from any of the foregoing, driven by wind or not. Limit: \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Business Interruption/Extra Expense Loss of Business Income, including Tuitions, Fees, and Rents due to a covered loss. Limit: \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Boiler & Machinery Coverage for all boilers, air conditioning equipment, machinery, unfired vessels, electrical apparatus.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Boiler & Machinery Business Interruption/Extra Expense Loss of Business Income, including Tuitions, Fees, and Rents due to a covered boiler and/or machinery loss. Limit: \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> E.D.P. - Media, Equipment Limit: \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Blanket Crime Applies to loss of monies and securities inside or outside the premises, employee dishonesty, depositor's forgery and check alteration. Limit: \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(A separate application will be required if a limit over \$500,000 is indicated.)

