



CHRISTIAN BROTHERS SERVICES

1205 Windham Parkway
Romeoville, IL 60446-1679

Risk Management Services
630.378.2900 • 800.807.0300 • 630.378.2508 fax
info@cbservices.org • 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

- | | | |
|--|---|---|
| <input type="checkbox"/> PROVINCIAL | <input type="checkbox"/> OFFICE OF AN ORDER | # OF MEMBERS _____ |
| <input type="checkbox"/> CEMETERY | <input type="checkbox"/> PUBLIC | <input type="checkbox"/> PRIVATE (RELIGIOUS ONLY) |
| <input type="checkbox"/> PRINTING/PUBLISHING: | <input type="checkbox"/> WRITING/EDITING | <input type="checkbox"/> PRINTING PRESS <input type="checkbox"/> ASSEMBLY & MAILING |
| <input type="checkbox"/> MOVIE PRODUCTION: EXPLAIN: _____ | | |
| <input type="checkbox"/> TELEVISION/RADIO BROADCAST COMMUNICATIONS: EXPLAIN: _____ | | |
| _____ | | |
| <input type="checkbox"/> FARM | CROP TYPES: _____ | HERD TYPES: _____ |
| <input type="checkbox"/> OFFICE: | TYPE OF BUSINESS CONDUCTED _____ | |
| _____ | | |

Other Operations not described above:

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

Please 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. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

Total Building Values: \$ _____
 Total Contents Values: \$ _____

(Please attach a schedule of all buildings and content values or complete the enclosed Property Value Schedule.)

- | | | | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> Fine Arts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

Limit: \$ _____

- | | | | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> Earthmovement/quake Coverage for earth movement, landslide, mudflow, earth sinking, earth rising or shifting. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

Limit: \$ _____

- | | | | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <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. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

Limit: \$ _____

- | | | | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> Business Interruption/Extra Expense Loss of Business Income, including Tuitions, Fees, and Rents due to a covered loss. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

Limit: \$ _____

- | | | | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <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"/> |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

Limit: \$ 100,000,000
 Includes \$3,000,000 Boiler & Machinery Business Interruption/Extra Expense

- | | | | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> Excess Boiler & Machinery Business Interruption/Extra Expense
Loss of Business Income, including Tuitions, Fees, and Rents due to a covered boiler and/or machinery loss. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

Limit: \$ _____

- | | | | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> E.D.P. – Media, Equipment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

Limit: \$ _____

- | | | | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <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. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

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

Professional Liability This coverage may be necessary if the organization employs anyone with a medical, mental health, or social work license or certification. This would include nurses, nurses' aides, dietitians, mental health counselors, social workers, psychologists, emergency medical technicians, etc. Coverage excludes dental, osteopathic, medical doctors; interns, externs or residents; lawyers; architects; engineers; accountants; psychiatrists; pharmacists; midwifery; chiropractics; and students.

Nursing Home/Retirement Home/Infirmarary, please indicate the number of beds:

Basic Care _____ Intermediate Care _____ Skilled Care _____

Other type of organizations, please indicate the number of licenses and/or certified professionals and the nature of their professions. EXAMPLE: Profession RN #4

Profession _____ # _____; Profession _____ # _____; Profession _____ # _____

Note: "On a separate sheet of paper, please provide the individual's name; professional occupation, and particulars associated with any circumstance wherein a professional employee or contractor of your organization has ever had a license/certification suspended or revoked."

Workers' Compensation/Employer's Liability

Your current experience modifier: _____

Please indicate the Job Code Classification(s) used and their associated annual salaries:

Payroll State	Job Code	Annual Salary
		\$
		\$
		\$
		\$
		\$

General Liability

Standard Package Limit: \$1,000,000

Deductible: None

Excess Liability

Standard Package Limit: \$74,000,000

Deductible: None

Limit of Excess Liability Coverage requested if less than the Standard Package Limit: \$ _____

The following General Liability coverages are provided with a limit less than the Standard Package Limit of \$1,000,000 per occurrence and are written on a claims-made form.

Directors & Officers (for boards not related to a school)

Standard Package Limit: \$250,000 per claim and in the aggregate annually per member.

Coverage is written claims made form and applies on a per claim and in the aggregate annually basis.

Retroactive date is inception of this coverage in the Trust.

Does your organization require Directors & Officers limits in excess of the Standard Package Limit provided of \$250,000 aggregate? Yes No

Please indicate limit requested:
(A separate application will be necessary to quote this coverage.)

Excess Coverage is written claims made form and applies on a per claim and in the aggregate for all members basis.

Retroactive date is inception of this coverage in the Trust.

Sexual Misconduct

Standard Package Limit: \$250,000 per claim and in the aggregate annually per member

Coverage is written claims made and applies on a per claim and in the aggregate annually basis.

Retroactive date is inception of this coverage in the Trust.

The corporation seeking coverage from the Risk Pooling Trust must, at the time of acceptance of coverage, give notice of any actual attempted, or alleged sexual misconduct, sexual abuse, or sexual molestation by any individual employed by, representing, or functioning on behalf of the corporation which occurred prior to the date of this application. Failure to do so will result in no coverage for the Beneficiary for any claims arising out of any actual, attempted, or alleged sexual misconduct, sexual abuse, or sexual molestation by that/those individual(s).

This application has been completed by : _____

Title: _____

Date: _____

Please send any available brochures/pamphlets on your operation(s). If you have any further questions regarding the application for a quotation, please do not hesitate to contact Michael Vollmer at 1-800-807-0300 ext. 3024 or Donna Bertino ext 2529.

Upon completion, kindly mail this application and a copy of your current policy(ies) and claim information to:

**Michael Vollmer or Donna Bertino
Christian Brothers Risk Management Services
1205 Windham Parkway
Romeoville, IL 60446-1679**