

Anglican Church of Canada Insurance Program

Supplementary Underwriting Questionnaire

(please complete this questionnaire where number of insured locations exceeds five)

1. Church Contact Information

Name of _____ Is the Church part of a Multi-Point Parish? ☐ Y ☐ N (if yes, please list all (churches under Question 2, if # of church locations exceeds five in total)

Parish: _____

Contact Name: _____ Tel. #: _____ Fax #: _____ e-mail: _____

2. Building Locations (Please specify physical address, not postal address)

Building (identify below)	PHYSICAL ADDRESS
f) _____	_____
g) _____	_____
h) _____	_____
i) _____	_____
j) _____	_____

3. Building Description

Building (identify below)	AGE OF BUILDINGS (APPROX. DATES BUILDINGS CONSTRUCTED, PLUS ADDITIONS, IF APPLICABLE)	# OF STORIES	TOTAL SQUARE FEET	IF ANY OF THE FOLLOWING HAVE BEEN UPDATED, PLEASE ADVISE APPROXIMATE DATES; INDICATE "N/A" IF NOT UPDATED			
				HEATING	PLUMBING	ELECTRICAL	ROOFING
f) _____	_____	_____	_____	_____	_____	_____	_____
g) _____	_____	_____	_____	_____	_____	_____	_____
g) _____	_____	_____	_____	_____	_____	_____	_____
i) _____	_____	_____	_____	_____	_____	_____	_____
j) _____	_____	_____	_____	_____	_____	_____	_____

Exterior Wall Construction	FIRE-RESISTIVE *	MASONRY **	BRICK VENEER	WOOD FRAME	OTHER (CHECK OFF & SPECIFY)
Building (identify below)					
f) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
g) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
h) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
i) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
j) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

* Fire-resistive includes Hollow Concrete Block or Formed Concrete construction

** Masonry includes Solid Brick or Stone construction

Roof Construction	CONCRETE	STEEL DECK	WOOD	OTHER (CHECK OFF & SPECIFY)
Building (identify below)				
f) _____				
g) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
h) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
i) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
j) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

4. Heating & Air Conditioning *(Please check appropriate box)*

Building (identify below)	HEATING					CENTRAL AIR CONDITIONING?
	BOILER	FORCED AIR	ELECTRIC	OTHER (CHECK OFF & SPECIFY)		
f) _____	<input type="checkbox"/> Oil <input type="checkbox"/> Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
g) _____	<input type="checkbox"/> Oil <input type="checkbox"/> Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
h) _____	<input type="checkbox"/> Oil <input type="checkbox"/> Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
i) _____	<input type="checkbox"/> Oil <input type="checkbox"/> Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
j) _____	<input type="checkbox"/> Oil <input type="checkbox"/> Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Y <input type="checkbox"/> N

5. Physical Protection *(Please check appropriate box)*

Building (identify below)	FIRE HYDRANT WITHIN 175 MTRS/500 FEET?	FIRE HALL WITHIN 8 KMS/5 MILES?	AUTOMATIC FIRE DETECTION SYSTEM?	BURGLAR ALARM?	BURGLAR ALARM MONITORED 24 HOURS?	SPRINKLER SYSTEM?	SPRINKLER SYSTEM MONITORED 24 HOURS?
f) _____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
g) _____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
h) _____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
i) _____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
j) _____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

6. Current Asset Replacement Values

Building	BUILDING VALUE	BUILDING VALUATION (PLEASE CHECK ONE BOX) *		CONTENTS **	RENTAL INCOME (IF ANY)	APPRAISAL COMPLETED IN PAST 5 YEARS?	Date Completed:
a) Church	\$ _____	<input type="checkbox"/> Current R.C.	<input type="checkbox"/> Heritage Bldg.	\$ _____	\$ _____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
		<input type="checkbox"/> Efficiency/Utility Cost	<input type="checkbox"/> Wreckage Value***	\$ _____	\$ _____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
b) Church Hall	\$ _____	<input type="checkbox"/> Current R.C.	<input type="checkbox"/> Heritage Bldg.	\$ _____	\$ _____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
		<input type="checkbox"/> Efficiency/Utility Cost	<input type="checkbox"/> Wreckage Value***	\$ _____	\$ _____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
c) Rectory	\$ _____	<input type="checkbox"/> Current R.C.	<input type="checkbox"/> Heritage Bldg.	\$ _____	\$ _____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
		<input type="checkbox"/> Efficiency/Utility Cost	<input type="checkbox"/> Wreckage Value***	\$ _____	\$ _____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
d) Manse	\$ _____	<input type="checkbox"/> Current R.C.	<input type="checkbox"/> Heritage Bldg.	\$ _____	\$ _____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
		<input type="checkbox"/> Efficiency/Utility Cost	<input type="checkbox"/> Wreckage Value***	\$ _____	\$ _____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
e) Rented Dwelling	\$ _____	<input type="checkbox"/> Current R.C.	<input type="checkbox"/> Heritage Bldg.	\$ _____	\$ _____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
		<input type="checkbox"/> Efficiency/Utility Cost	<input type="checkbox"/> Wreckage Value***	\$ _____	\$ _____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____

* **Current R.C.** = Today's Replacement Cost, using building materials comparable to that of the current structure; **Efficiency/Utility Cost** = cost to re-build, following total loss, with lower cost building materials and or smaller scale than typical current replacement cost – this method of valuation requires a professional appraisal to be submitted (valuation to be used where church is willing to re-build a less elaborate structure following total loss); **Heritage Building** = cost to re-build, following total loss, with special building materials and higher labour costs – this method of valuation requires a professional appraisal to be submitted; **Wreckage Value** = costs of demolition and debris removal only following total loss, with no building replacement

** Fine Arts can be included in Contents on a replacement cost basis. If desired, agreed valuation is available if a current appraisal is attached to the application

*** Select a \$25,000 or \$50,000 limit on buildings where Wreckage value is selected. The limit selected should reflect the estimated costs of demolition and debris removal