INSURANCE BOARD
Partners in Protection

1468 W. 9th Street, Suite 350
Cleveland, OH 44113
800.437.8830
www.InsuranceBoard.org

Mid America Synod Questionnaire

Submission of this questionnaire is for preliminary information-gathering purposes only and does not constitute a binding agreement. A full application must be completed, reviewed and accepted before coverage can be bound.

Participant Information		Insurance History	
Church Name*		Do you know of any prior losses/claims?*	(none selected)
Contact Name		Most Recent Carrier*	
Contact Phone		Renewal Date	
Contact Email		Annual Premium*	
Website*		# of Claims*	
Address		Cost of Claims*	
City		Property Deductible*	
State	(none selected)	Wind/Hail/Tornado Deductible*	
Zip		Water Deductible*	
Total Insurable Value (TIV)*			

Liability Coverage			
# Employed Clergy Full Time*		# Lay Employees Full Time	
# Employed Clergy Part Time		# Lay Employees Part Time	
# Employed Teachers Full Time (Daycare/School)		Daycare / School Type	(none selected)
# Employed Teachers Part Time (Daycare/School)		Avg. # of worshipers in each service?* (not total members)	

Location / Property Information			
Street Address*		Sprinkler System?	(none selected)
City*		Sprinkler System % of Building	
State*	(none selected)	Smoke/Heat Detectors?	(none selected)
Zip*		Smoke/Heat Detectors Monitored?	(none selected)
Building Use	(none selected)	Burglar Alarm System?	(none selected)
Building Value*		Alarm System Monitored?	(none selected)
Personal Property Value*		Alarm Monitoring Co. Name	
Building Area (sq. ft.)*		Pipe Organs	(none selected)
Additional Basement (sq. ft.)		Have Pipe Organs Been Appraised?	(none selected)
Construction Type*	(none selected)	# of Stained Glass Windows	
Roof Type	(none selected)	Have Stained Glass Been Appraised?	(none selected)
Flood Coverage?	(none selected)		
Quake Coverage?	(none selected)	Liability Exposures – Building Specific	
Year of Construction		Daycare/School Max Student Capacity	
Year Last Updated – Roof		# Before/After School Care Students	
Year Last Updated – Plumbing		# Nursery School - Services Only?	
Year Last Updated – Electric			
Year Last Updated – Heating			

Signature		**Date**	
Print Name		**Title**	

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Our insurance serves you so you can serve God.

*Required
04/2025

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Comments

Fraud Warnings

Please read and understand the following applicable statement(s) about fraud:

Any person who knowingly and with intent to defraud any insurance company or another person, files an application for insurance or statement of claim 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 civil penalties.

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: 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 FL and OK: 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 (of the third degree)*. *Applies in FL Only.

Applicable in KS: 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 KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: 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 and denial of insurance benefits. *Applies in ME

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in UT: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.