



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

THOMASER

DATE (MM/DD/YYYY)
12/17/2012

AGENCY Willis of Illinois, Inc. c/ o 26 Century Blvd. P.O. Box 305191 Nashville, TN 37230-5191	CARRIER		NAIC CODE
	COMPANY POLICY OR PROGRAM NAME		PROGRAM CODE
	POLICY NUMBER		
CONTACT NAME: House Producer - Moline PHONE (A/C, No, Ext): (309) 764-9666 FAX (A/C, No): (309) 764-6321 E-MAIL ADDRESS: erica.thomas@willis.com CODE: _____ SUBCODE: _____	UNDERWRITER	UNDERWRITER OFFICE	
AGENCY CUSTOMER ID: BEGIEXP-01	STATUS OF TRANSACTION <input type="checkbox"/> QUOTE <input type="checkbox"/> BOUND (Give Date and/or Attach Copy): <input type="checkbox"/> CHANGE DATE TIME <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> CANCEL	<input type="checkbox"/> ISSUE POLICY <input checked="" type="checkbox"/> RENEW	

SECTIONS ATTACHED

INDICATE SECTIONS ATTACHED	PREMIUM		PREMIUM		PREMIUM
ACCOUNTS RECEIVABLE / VALUABLE PAPERS	\$		ELECTRONIC DATA PROC	\$	TRANSPORTATION / MOTOR TRUCK CARGO
BOILER & MACHINERY	\$		EQUIPMENT FLOATER	\$	TRUCKERS / MOTOR CARRIER
BUSINESS AUTO	\$		GARAGE AND DEALERS	\$	UMBRELLA
BUSINESS OWNERS	\$		GLASS AND SIGN	\$	YACHT
COMMERCIAL GENERAL LIABILITY	\$		INSTALLATION / BUILDERS RISK	\$	
CRIME / MISCELLANEOUS CRIME	\$		OPEN CARGO	\$	
DEALERS	\$	<input checked="" type="checkbox"/>	PROPERTY	\$	

ATTACHMENTS

ADDITIONAL INTEREST	PREMIUM PAYMENT SUPPLEMENT
ADDITIONAL PREMISES	PROFESSIONAL LIABILITY SUPPLEMENT
APARTMENT BUILDING SUPPLEMENT	RESTAURANT / TAVERN SUPPLEMENT
CONDO ASSN BYLAWS (for D&O Coverage only)	STATEMENT / SCHEDULE OF VALUES
CONTRACTORS SUPPLEMENT	STATE SUPPLEMENT (If applicable)
COVERAGES SCHEDULE	VACANT BUILDING SUPPLEMENT
DRIVER INFORMATION SCHEDULE	VEHICLE SCHEDULE
INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	
INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	
LOSS SUMMARY	

POLICY INFORMATION

PROPOSED EFF DATE 4/1/2013	PROPOSED EXP DATE 4/1/2014	BILLING PLAN <input type="checkbox"/> DIRECT <input checked="" type="checkbox"/> AGENCY	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT \$	MINIMUM PREMIUM \$	POLICY PREMIUM \$
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APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) Beginning Experience Intl. Ministry 1657 Commerce Drive South Bend, IN 46628				GL CODE	SIC 8661	NAICS	FEIN OR SOC SEC #
				BUSINESS PHONE #: (574) 283-0279			
				WEBSITE ADDRESS www.beginningexperience.org			
<input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input checked="" type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST				
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
				BUSINESS PHONE #:			
				WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST				
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
				BUSINESS PHONE #:			
				WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> TRUST				

CONTACT INFORMATION

AGENCY CUSTOMER ID: **BEGIEXP-01**

THOMASER

CONTACT TYPE: AC		CONTACT TYPE: IC	
CONTACT NAME: Kathleen Murphy		CONTACT NAME: Kathleen Murphy	
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
(574) 283-0279		(574) 283-0279	
PRIMARY E-MAIL ADDRESS:		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC # 1	STREET 1657 Commerce Drive;	CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input checked="" type="checkbox"/> TENANT	# FULL TIME EMPL	ANNUAL REVENUES: \$
BLD # 1	CITY: South Bend STATE: IN COUNTY: ZIP: 46628			# PART TIME EMPL	OCCUPIED AREA: SQ FT
DESCRIPTION OF OPERATIONS:					OPEN TO PUBLIC AREA: SQ FT
DESCRIPTION OF OPERATIONS:					TOTAL BUILDING AREA: SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N

NATURE OF BUSINESS

<input type="checkbox"/> APARTMENTS	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> RESTAURANT	<input type="checkbox"/> SERVICE	<input checked="" type="checkbox"/> International peer grief resolution ministry for w	DATE BUSINESS STARTED (MM/DD/YYYY)
<input type="checkbox"/> CONDOMINIUMS	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> OFFICE	<input type="checkbox"/> RETAIL	<input type="checkbox"/> WHOLESALE		

DESCRIPTION OF PRIMARY OPERATIONS

	INSTALLATION, SERVICE OR REPAIR WORK %	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %
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	INSTALLATION, SERVICE OR REPAIR WORK %	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %
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DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED

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ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS RANK: _____	EVIDENCE: _____	CERTIFICATE _____	POLICY _____	SEND BILL _____	INTEREST IN ITEM NUMBER	
						LOCATION:	BUILDING:
						VEHICLE:	BOAT:
						AIRPORT:	AIRCRAFT:
						ITEM CLASS:	ITEM:
					ITEM DESCRIPTION		
					REFERENCE / LOAN #:	INTEREST END DATE:	
					LIEN AMOUNT:	PHONE (A/C, No, Ext):	FAX (A/C, No):
REASON FOR INTEREST:					E-MAIL ADDRESS:		

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES				Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?				N
<input type="text" value="PARENT COMPANY NAME"/>	<input type="text" value="RELATIONSHIP DESCRIPTION"/>	<input type="text" value="% OWNED"/>		
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				N
<input type="text" value="SUBSIDIARY COMPANY NAME"/>	<input type="text" value="RELATIONSHIP DESCRIPTION"/>	<input type="text" value="% OWNED"/>		
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				N
<input type="checkbox"/> SAFETY MANUAL	<input type="checkbox"/> MONTHLY MEETINGS	<input type="checkbox"/>		
<input type="checkbox"/> SAFETY POSITION	<input type="checkbox"/> OSHA			
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				N
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				
<input type="text" value="LINE OF BUSINESS"/>	<input type="text" value="POLICY NUMBER"/>	<input type="text" value="LINE OF BUSINESS"/>	<input type="text" value="POLICY NUMBER"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question)				
<input type="checkbox"/> NON-PAYMENT	<input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER	<input type="checkbox"/>		
<input type="checkbox"/> NON-RENEWAL	<input type="checkbox"/> UNDERWRITING	<input type="checkbox"/> CONDITION CORRECTED (Describe):		
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?				N
7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).				N
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				
<input type="text" value="OCCURRENCE DATE"/>	<input type="text" value="EXPLANATION"/>	<input type="text" value="RESOLUTION"/>	<input type="text" value="RESOLUTION DATE"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				
<input type="text" value="OCCURRENCE DATE"/>	<input type="text" value="EXPLANATION"/>	<input type="text" value="RESOLUTION"/>	<input type="text" value="RESOLUTION DATE"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				
<input type="text" value="OCCURRENCE DATE"/>	<input type="text" value="EXPLANATION"/>	<input type="text" value="RESOLUTION"/>	<input type="text" value="RESOLUTION DATE"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
11. HAS BUSINESS BEEN PLACED IN A TRUST?				
<input type="text" value="NAME OF TRUST"/>				
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)				N
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				

REMARKS / PROCESSING INSTRUCTIONS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Nature of Business
International peer grief resolution ministry for widowed, divorced and separated persons, and children who have suffered their parent's death, divorce or separation.

PRIOR CARRIER INFORMATION

AGENCY CUSTOMER ID: BEGIEXP-01

THOMASER

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

LOSS HISTORY

Check if none (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE LAST _____ YEARS

TOTAL LOSSES: \$

DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBROGATION Y/N	CLAIM OPEN Y/N

SIGNATURE

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)

NOTICE OF INSURANCE INFORMATION PRACTICES- PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

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 [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES.

IN FLORIDA, 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE

Thomas K. ...

PRODUCER'S NAME (Please Print)

House Producer - Moline

STATE PRODUCER LICENSE NO (Required in Florida)

APPLICANT'S SIGNATURE

Kattleca Murphy

DATE

2-19-13

NATIONAL PRODUCER NUMBER



PROPERTY SECTION

DATE (MM/DD/YYYY)
12/17/2012

AGENCY NAME Willis of Illinois, Inc.		CARRIER		NAIC CODE
POLICY NUMBER	EFFECTIVE DATE 4/1/2013	NAMED INSURED(S) Beginning Experience Intl. Ministry		

PREMISES INFORMATION		PREMISES #: 1	STREET ADDRESS: 1657 Commerce Drive; South Bend, IN 46628					
BUILDING #: 1		BLDG DESCRIPTION: Main Office Location						
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU-ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	BLKT #	FORMS AND CONDITIONS TO APPLY
Personal Property	65,000	100	V	Special (Including theft)		1,000		
Extra Expense	20,600			Special (Including theft)				
EDP Equipment	10,000			Special (Including theft)		1,000		

ADDITIONAL INFORMATION BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 VALUE REPORTING INFORMATION - Attach ACORD 811

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		

SINKHOLE COVERAGE (Required in Florida) ACCEPT COVERAGE REJECT COVERAGE LIMIT: \$

PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK # OF OPEN SIDES ON STRUCTURE: _____

CONSTRUCTION TYPE	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
	FT	MI							

BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES	
<input type="checkbox"/> WIRING, YR:	<input type="checkbox"/> PLUMBING, YR:				<input type="checkbox"/> HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED: _____
<input type="checkbox"/> ROOFING, YR:	<input type="checkbox"/> HEATING, YR:	WIND CLASS		SEMI- RESISTIVE	MANUFACTURER: _____	
<input type="checkbox"/> OTHER, YR:		RESISTIVE				

PRIMARY HEAT		SECONDARY HEAT	
<input type="checkbox"/> BOILER	<input type="checkbox"/> SOLID FUEL	<input type="checkbox"/> BOILER	<input type="checkbox"/> SOLID FUEL
IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N		IF BOILER, IS INSURANCE PLACED ELSEWHERE? <input type="checkbox"/> Y / N	

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
BURGLAR ALARM INSTALLED AND SERVICED BY		EXTENT	WITH KEYS

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)	% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/> LOCAL GONG <input type="checkbox"/>
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ADDITIONAL INTEREST

ACORD 45 attached for additional names		INTEREST IN ITEM NUMBER	
INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____
<input type="checkbox"/> LOSS PAYEE			CERTIFICATE
<input type="checkbox"/> MORTGAGEE			
			LOCATION: _____
			BUILDING: _____
			ITEM CLASS: _____
			ITEM: _____
			ITEM DESCRIPTION
	REFERENCE / LOAN #:		

REMARKS

ADDITIONAL PREMISES INFORMATION

PREMISES #:		STREET ADDRESS:						
BUILDING #:		BLDG DESCRIPTION:						
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALU- ATION	CAUSES OF LOSS	INFLATION GUARD %	DED	BLKT #	FORMS AND CONDITIONS TO APPLY

ADDITIONAL INFORMATION BUSINESS INCOME / EXTRA EXPENSE - Attach ACORD 810 VALUE REPORTING INFORMATION - Attach ACORD 811

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

SPOILAGE COVERAGE (Y/N) <input type="checkbox"/>	DESCRIPTION OF PROPERTY COVERED	LIMIT \$	REFRIG MAINT AGREEMENT (Y/N) <input type="checkbox"/>	OPTIONS <input type="checkbox"/> BREAKDOWN OR CONTAMINATION <input type="checkbox"/> POWER OUTAGE <input type="checkbox"/> SELLING PRICE
		DEDUCTIBLE \$		

SINKHOLE COVERAGE (Required in Florida) ACCEPT COVERAGE REJECT COVERAGE LIMIT: \$ _____

PROPERTY HAS BEEN DESIGNATED AN HISTORICAL LANDMARK # OF OPEN SIDES ON STRUCTURE: _____

CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	FIRE STAT MI	FIRE DISTRICT	CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
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BUILDING IMPROVEMENTS		BLDG CODE GRADE	TAX CODE	ROOF TYPE	OTHER OCCUPANCIES				
<input type="checkbox"/> WIRING, YR:	<input type="checkbox"/> PLUMBING, YR:	WIND CLASS	SEMI- RESISTIVE	HEATING SOURCE INCL WOODBURNING STOVE OR FIREPLACE INSERT	DATE INSTALLED: _____				
<input type="checkbox"/> ROOFING, YR:	<input type="checkbox"/> HEATING, YR:				RESISTIVE	MANUFACTURER: _____			
OTHER: YR:									

PRIMARY HEAT				SECONDARY HEAT			
<input type="checkbox"/> BOILER	<input type="checkbox"/> SOLID FUEL	<input type="checkbox"/> Y/N	IF BOILER, IS INSURANCE PLACED ELSEWHERE?	<input type="checkbox"/> BOILER	<input type="checkbox"/> SOLID FUEL	<input type="checkbox"/> Y/N	IF BOILER, IS INSURANCE PLACED ELSEWHERE?

RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE	FRONT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE
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BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	CENTRAL STATION <input type="checkbox"/>	LOCAL GONG <input type="checkbox"/>
BURGLAR ALARM INSTALLED AND SERVICED BY		EXTENT	GRADE	# GUARDS / WATCHMEN

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2 / Chemical Systems)		% SPRNK	FIRE ALARM MANUFACTURER	CENTRAL STATION <input type="checkbox"/>	LOCAL GONG <input type="checkbox"/>
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ADDITIONAL INTEREST	ACORD 45 attached for additional names			
INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: <input type="checkbox"/>	CERTIFICATE <input type="checkbox"/>
<input type="checkbox"/> LOSS PAYEE				
<input type="checkbox"/> MORTGAGEE				
<input type="checkbox"/>				
	REFERENCE / LOAN #:			

REMARKS

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 [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES.

IN FLORIDA, 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.

IN KANSAS, 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

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REMARKS

[Empty box for remarks]



BUSINESS INCOME / EXTRA EXPENSE / RENTAL VALUE SUPPLEMENT TO PROPERTY SECTION

DATE (MM/DD/YYYY) 12/17/2012

AGENCY Willis of Illinois, Inc.	APPLICANT/FIRST NAMED INSURED Beginning Experience Intl. Ministry	
POLICY NUMBER	CARRIER	NAIC CODE

PREMISES INFORMATION

PREMISES #: 1	<input type="checkbox"/> BUSINESS INCOME / EXTRA EXPENSE	<input type="checkbox"/> BUSINESS INCOME W/O EXTRA EXPENSE	<input checked="" type="checkbox"/> EXTRA EXPENSE	<input type="checkbox"/> BUSINESS INCOME / RENTAL VALUE	<input type="checkbox"/> RENTAL VALUE
BUILDING #: 1					
TYPE OF BUSINESS	ORDINARY PAYROLL	EXT PERIOD	POWER/HEAT	OFF PREM POWER	DEPEND PROP
<input checked="" type="checkbox"/> NON MFG	<input type="checkbox"/> EXCL <input type="checkbox"/> INCL	DAYS	\$ DED	<input type="checkbox"/> POWER	<input type="checkbox"/> BROAD FORM <input type="checkbox"/> LIMITED FORM
<input type="checkbox"/> MFG	90 DAYS	MO PERIOD	ELEC MEDIA	<input type="checkbox"/> WATER	
<input type="checkbox"/> MINING	180 DAYS	LIMIT	DAYS	<input type="checkbox"/> COMM (DESCR BELOW)	COIN _____ %
_____ % COINS		MAX PERIOD	ORD OR LAW	TUITION FEES	
	<input checked="" type="checkbox"/> \$ 20,600		DAYS	\$ _____ STUDENTS	<input type="checkbox"/> CONT LOC <input type="checkbox"/> MFG LOC
EXTRA EXPENSE	LIMIT LOSS PAY		CIVIL AUTH	\$ _____ OTHER ED SERV/INC	<input type="checkbox"/> REC LOC <input type="checkbox"/> LDR LOC (DESCR BELOW)
_____ DAYS PERIOD REST	40 % 80 %		DAYS		
	100 % _____				

NAME(S) AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP

OTHER COVERAGES

ADDITIONAL PREMISES INFORMATION

AGENCY CUSTOMER ID: **BEGIEXP-01** **THOMASER**

PREMISES #:	<input type="checkbox"/> BUSINESS INCOME / EXTRA EXPENSE		<input type="checkbox"/> BUSINESS INCOME W/O EXTRA EXPENSE		<input type="checkbox"/> EXTRA EXPENSE		<input type="checkbox"/> BUSINESS INCOME / RENTAL VALUE		<input type="checkbox"/> RENTAL VALUE		
BUILDING #:											
TYPE OF BUSINESS		ORDINARY PAYROLL		EXT PERIOD	POWER/HEAT	OFF PREM POWER			DEPEND PROP		
<input type="checkbox"/> NON MFG	<input type="checkbox"/> EXCL	<input type="checkbox"/> INCL		DAYS	\$	DED	<input type="checkbox"/> POWER	<input type="checkbox"/> BROAD FORM	<input type="checkbox"/> LIMITED FORM		
<input type="checkbox"/> MFG				MO PERIOD		ELEC MEDIA	<input type="checkbox"/> WATER				
<input type="checkbox"/> MINING				LIMIT		DAYS	<input type="checkbox"/> COMM (DESCR BELOW)				
_____ % COINS				MAX PERIOD		ORD OR LAW				COIN _____ %	
						DAYS				TUITION FEES	
						DAYS				\$ _____ STUDENTS	
						DAYS				\$ _____ OTHER ED SERV/INC	
EXTRA EXPENSE		LIMIT LOSS PAY								<input type="checkbox"/> CONT LOC	<input type="checkbox"/> MFG LOC
_____ DAYS PERIOD REST		_____ % _____ %								<input type="checkbox"/> REC LOC	<input type="checkbox"/> LDR LOC (DESCR BELOW)
		_____ % _____ %									

NAME(S) AND ADDRESS(ES) FOR OFF PREM POWER OR DEPEND PROP

OTHER COVERAGES

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 [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied)

IN FLORIDA, 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, 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 MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.



STATEMENT OF VALUES

THOMASER

DATE (MM/DD/YYYY)

12/17/2012

AGENCY Willis of Illinois, Inc. c/o 26 Century Blvd. P.O. Box 305191 Nashville, TN 37230-5191	PHONE (A/C, No, Ext): (309) 764-9666	COMPANY Beginning Experience Intl. Ministr	NAIC CODE:	PAGE 1 OF 1
	FAX (A/C, No): (309) 764-6321			EFFECTIVE DATE 4/1/2013
CODE: AGENCY CUSTOMER ID BEGIEXP-01	SUBCODE:	INSURED / APPLICANT		POLICY NUMBER
HEADQUARTERS ADDRESS				
COINS %		APPLICABLE CAUSES OF LOSS		SPECIFIC AVERAGE RATE REQUESTED
<input type="checkbox"/>	80%	<input type="checkbox"/>	BASIC	<input type="checkbox"/>
<input type="checkbox"/>	90%	<input type="checkbox"/>	BROAD	<input type="checkbox"/>
<input type="checkbox"/>	100%	<input type="checkbox"/>	SPECIAL	<input type="checkbox"/>
		<input type="checkbox"/>	EARTHQUAKE COV	<input type="checkbox"/>
		<input type="checkbox"/>	FLOOD	<input type="checkbox"/>
		<input type="checkbox"/>	SPRINKLER LEAKAGE EXCL	<input type="checkbox"/>
		<input type="checkbox"/>	VANDALISM EXCL	<input type="checkbox"/>

APPLICABLE FORM NUMBERS (Attach completed forms and endorsements that require completion to provide necessary information affecting rates or loss costs)

See Attached Forms/Endorsements Schedule

CLASS CODE	LOC #	BLDG #	DESCRIPTION AND ADDRESS OF PROPERTY	ACV/RC ₁	SUBJECT ₂	100% VALUES	RATE OR LOSS COST ₃	PREMIUM
			DESC: ADDRESS:					
			DESC: ADDRESS:					
			DESC: ADDRESS:					
			DESC: ADDRESS:					
			DESC: ADDRESS:					
			DESC: ADDRESS:					
			DESC: ADDRESS:					
			DESC: ADDRESS:					
			DESC: ADDRESS:					
			DESC: ADDRESS:					
			DESC: ADDRESS:					
TOTAL						\$	N/A	\$

INSTRUCTIONS

- ACV (Actual Cash Value) or RC (Replacement Cost): If other valuation basis applies, provide necessary information.
- SUBJECT:
B = Building S = Stock F = Furniture & Fixtures M = Machinery
BPP = Your Business Personal Property PPO = Personal Property of Others
BI = Business Income R = Rental Income Other - specify
- RATE OR LOSS COST: For class rated property, attach class rate information form or equivalent information for each location. For specifically rated property, attach specific rate or loss cost information if known.

SIGNATURE

ALL VALUES AND LOCATION INFORMATION ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF

INSURED'S SIGNATURE: _____

TITLE: _____

DATE: _____

- * Code DR; Description Debris Removal; Limit 1 \$25,000;

- * Code POLL; Description Pollutant Clean up and Removal; Limit 1 \$25,000;

- * Code PRES; Description Preservation of Property;

- * Code FDSC; Description Fire Department Service Charge; Limit 1 \$5,000;

- * Code RC; Description Reward Coverage; Limit 1 \$5,000;

- * Code INCCC; Description Increased Cost of Construction; Limit 1 \$10,000;

- * Code OS; Description Outdoor Signs; Limit 1 \$2,500;

- * Code CPIT; Description Covered Property in Transit; Limit 1 \$10,000;

- * Code DUPED; Description Duplicate Electronic Data Processing Data & Media; Limit 1 \$10,000;

- * Code EDPE; Description Electronic Data Processing Equipment & Data & Media-Limited; Limit 1 \$10,000;

- * Code THEFT; Description Theft Damage to Rented Property;

- * Code INTCO; Description Interruption of Computer Operations - Aggregate Limit; Limit 1 \$2,500;

- * Code TEMP; Description Temporary Relocation of Property; Limit 1 \$50,000;

- * Code OP; Description Outdoor Property; Limit 1 \$10,000; Limit 2 \$500;

- * Code CDE; Description Claim Data Expense; Limit 1 \$2,500;

* Code EE; Description Extra Expense; Limit 1 \$2,500;

* Code AR; Description Accounts Receivable; Limit 1 \$10,000;

* Code NODT; Description Non-Owned Detached Trailers; Limit 1 \$5,000;

* Code FPED; Description Fire Protective Equipment Discharge; Limit 1 \$5,000;

* Code NACP; Description Newly Acquired or Constructed Property-Bldg; Limit 1 \$500,000;

* Code NACP; Description Newly Acquired or Constructed Property-PP; Limit 1 \$250,000;

* Code PE; Description Personal Effects and Property of Others; Limit 1 \$10,000; Limit 2 \$2,500;

* Code VP; Description Valuable Papers & Records; Limit 1 \$10,000;

* Code POP; Description Property Off-Premises; Limit 1 \$10,000; Limit 2 \$25,000;