

- GuideOne Mutual Insurance Company
- GuideOne Elite Insurance Company
- GuideOne Specialty Mutual Insurance Company
- GuideOne Lloyds Insurance Company
- GuideOne America Insurance Company

- CORNERSTONE PLUS APPLICATION
- STEWARDSHIP APPLICATION
- GENERAL APPLICATION



1111 Ashworth Road • West Des Moines, Iowa 50265-3538

HOME OFFICE USE ONLY	
Policy No. _____	Policy Type _____
Original Date _____	Premium Received \$ _____
Corporate ID # _____	Denomination Code _____
Mass Marketing # _____	

DIRECTIONS TO THE AGENT — Check boxes where applicable

Required: 2 pictures of each building (front and rear), a current copy of the three year loss run, a cost guide estimate for each building, and a diagram showing distances between buildings and dimensions of each building.

- Quote needed by _____
- This coverage is bound (money and copy of binder must be attached).
- Indicate additional policies requested and attach application(s):
 - Business Auto
 - Umbrella
 - Workers Compensation
- Indicate all existing GuideOne Insurance Group policy numbers for this Named Insured: _____

COMMON POLICY INFORMATION

- Issue effective _____ expiration _____
- Remittance with app \$ _____
Pay Mode: Annual Installment Quarterly Installment
- First Named Insured and other Named Insureds _____
- Mailing Address Street _____
City _____ State _____ ZIP _____
- Insured is Corporation Individual Joint Venture Partnership Unincorporated Association
- Insured is a for-profit organization.
- Number of members _____ 8. Specific denomination _____
- Primary Operation: House of Worship Office Headquarters Day Care Camp Other _____
- a. The insured has had coverage declined or nonrenewed within the last 3 years. N/A in MO.
Explain _____
- b. Enter all claims from the past three years or attach loss runs from previous carrier

Date of Loss	Policy Type	Description of Claim	Amount Paid	Deductible Applied
- Prior Carrier Information

Name of Carrier	Renewal Date	No. of Years	Policy Type	Annual Premium

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. (This statement is required by the laws of New York, Ohio and Kentucky when this application is used in those states. The laws of other states may be different.) New York only shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Authorized Insured Representative _____ Date _____

INSURED MUST SIGN THIS APPLICATION IN ORDER FOR IT TO BE VALID

Agent # _____ Agency _____ Phone # _____

Agent's Signature _____ Fax # _____

COMMON POLICY INFORMATION (Cont.)

- 12. Staff members or volunteers are part of a mandatory community services obligation program, e.g. doing community service in lieu of going to prison.
- 13. Insured has an aircraft exposure.
- 14. Building(s) is/are under construction. If checked, complete Builder's Risk Supplemental Application CP-11941.
- 15. Exposure is Converted Dwelling
 Drug & Alcohol Rehabilitation/Detox Sites
 Licensed Convalescent/Nursing Homes
- 16. Insured has filed for bankruptcy.

COMMERCIAL PROPERTY COVERAGE PART

- 1. \$500 Deductible unless indicated otherwise _____
 90% Coinsurance unless indicated otherwise _____ Blanket Coverage Limit _____
 Cause of Loss Basic Form Broad Form Special Form
 Inc. Theft
 Exc. Theft
- 2. Mortgagee (if more than one, complete separate schedule) — Identify Premises and Bldg. # _____ Loan # _____
 Name _____
 Mailing Address Street _____
 City _____ State _____ ZIP _____
- 3. Glass Coverage:
 All glass including stained glass.
 Glass Limitation Form (Applicable to Broad and Special forms only)
 Option 1: All building glass except limited coverage on stained glass at locations: _____
 Option 2: Limitation of \$250/pane, \$1,000/occurrence on all glass.
 Scheduled Glass. Attach schedule.
- 4. Time Element Coverages:
 Business Income: Without Extra Expense \$ _____ Coinsurance _____ %
 Include Tuition Fees: Broad Limited
 With Extra Expense \$ _____ Coinsurance _____ %
 Include Tuition Fees: Broad Limited
 Business Income Including Rental Value Business Income Other Than Rental Value Rental Value
 Extra Expense Only \$ _____ Limits of Loss Payment _____ / _____ / _____
 If coverage is not blanketed, please provide specific schedule.

EQUIPMENT BREAKDOWN

- 1. Coverage Options: Basic Coverage Comprehensive Coverage
 Without boilers
 With boilers (steam heat)
- 2. Deductible Amount: \$500 \$1,000 Other _____
- 3. MEPE Location(s): _____

INLAND MARINE COVERAGE PART

- Attach schedule for each coverage indicated. Show Location, Description (model #, etc.) and Value for each item.
- \$250 Deductible unless indicated otherwise \$ _____
 - Commercial Articles Coverage _____
 - Musical Instruments \$ _____
 - Photographic Equipment \$ _____
 - Fine Arts \$ _____
 Blanket Coverage for Fine Arts \$ _____
 Breakage Coverage for Fine Arts \$ _____
 - Data Processing Equipment Coverage \$ _____
 - Builder's Risk \$ _____
 - Maintenance Equipment Coverage \$ _____
 - Ministers' Business Property Coverage \$ _____
 ACV Replacement Cost (\$3,000 minimum)
 - Neon and Electric Sign Coverage \$ _____
 - Scheduled Property Endorsement \$ _____
 Special Form Named Perils
 - Other _____
 - Complete Builders Risk Supplemental App. CP-11941

COMMERCIAL PROPERTY COVERAGE PART BUILDING SCHEDULE
 Include all premises you own, rent or occupy.

	Address	City	State	ZIP
1. Building (1) _____				
Address (2) _____				
(3) _____				
(4) _____				

2. Buildings and Personal Property

HOME OFFICE USE:	RISK NO.	RISK NO.	RISK NO.	RISK NO.
Values: <input type="checkbox"/> 90%	Premises No. _____	Premises No. _____	Premises No. _____	Premises No. _____
<input type="checkbox"/> 100%	Bldg. No. _____	Bldg. No. _____	Bldg. No. _____	Bldg. No. _____
Building	\$ _____	\$ _____	\$ _____	\$ _____
Personal Property	\$ _____	\$ _____	\$ _____	\$ _____

Check and circle optional coverages and provide information per building:

<input type="checkbox"/> Replacement Cost	Bldg.	Pers. Prop.	Bldg.	Pers. Prop.	Bldg.	Pers. Prop.	Bldg.	Pers. Prop.
<input type="checkbox"/> Actual Cash Value	Bldg.	Pers. Prop.	Bldg.	Pers. Prop.	Bldg.	Pers. Prop.	Bldg.	Pers. Prop.
<input type="checkbox"/> Inflation Protection	Bldg.	Pers. Prop.	Bldg.	Pers. Prop.	Bldg.	Pers. Prop.	Bldg.	Pers. Prop.
<input type="checkbox"/> Agreed Value	Bldg.	Pers. Prop.	Bldg.	Pers. Prop.	Bldg.	Pers. Prop.	Bldg.	Pers. Prop.
Construction	_____	_____	_____	_____	_____	_____	_____	_____
Year of Construction	_____	_____	_____	_____	_____	_____	_____	_____
Occupancy	_____	_____	_____	_____	_____	_____	_____	_____
Protection Class	_____	_____	_____	_____	_____	_____	_____	_____
County	_____	_____	_____	_____	_____	_____	_____	_____
Miles to Fire Dept.	_____	_____	_____	_____	_____	_____	_____	_____
Feet to Hydrant	_____	_____	_____	_____	_____	_____	_____	_____
Name of Fire Dept.	_____	_____	_____	_____	_____	_____	_____	_____
Inside City Limits	Yes	No	Yes	No	Yes	No	Yes	No

INSTITUTIONAL PROPERTY SURVEY

BUILDING INFORMATION	Prem. # ___ Bldg. # ___	Prem. # ___ Bldg. # ___	Prem. # ___ Bldg. # ___	Prem. # ___ Bldg. # ___
Square Feet Ground Floor/All other floors	/	/	/	/
Square Feet Basement				
Square Feet Total				
Number of Stories				
Type of Heating System	Steam Space Forced Air Other	Steam Space Forced Air Other	Steam Space Forced Air Other	Steam Space Forced Air Other
	Wood Burning Stove	Wood Burning Stove	Wood Burning Stove	Wood Burning Stove
If Wood Burning Stove was circled above				
a) does it act as the primary source of heat?	Yes No	Yes No	Yes No	Yes No
b) has it been inspected by a qualified individual within the last 12 months & cleaned as required?	Yes No	Yes No	Yes No	Yes No
Electrical System	Circuit Breaker Fuse w/ Fusestats Fuse w/o Fusestats	Circuit Breaker Fuse w/Fusestats Fuse w/o Fusestats	Circuit Breaker Fuse w/Fusestats Fuse w/o Fusestats	Circuit Breaker Fuse w/Fusestats Fuse w/o Fusestats
Date of last electrical system inspection				
Date of last roof maintenance/Age of roof	/	/	/	/
PROTECTION	Yes No	Yes No	Yes No	Yes No
Servicing of Extinguishers	Date	Date	Date	Date
Sprinkler System	Full Partial None	Full Partial None	Full Partial None	Full Partial None
Automatic Extinguishing				
Systems over cooking surfaces	Yes No	Yes No	Yes No	Yes No
Alarms: Smoke Detectors on Each Floor	Yes No	Yes No	Yes No	Yes No
Heat Detectors	Yes No	Yes No	Yes No	Yes No
Pull Alarms	Central Local None	Central Local None	Central Local None	Central Local None
Central-Detectors	Smoke Heat Other	Smoke Heat Other	Smoke Heat Other	Smoke Heat Other
Burglar Alarms	Central Local None	Central Local None	Central Local None	Central Local None
Name of Responding Company				Phone No.
Building locked when not in use	Yes No	Yes No	Yes No	Yes No
Flammable chemicals are kept in locked, tamper-proof cabinets and/or storage space	Yes No	Yes No	Yes No	Yes No
Building on Historical Register	Yes No	Yes No	Yes No	Yes No

COMMERCIAL PROPERTY COVERAGE PART BUILDING SCHEDULE
 Include all premises you own, rent or occupy.

	Address	City	State	ZIP
1. Building (5) _____				
Address (6) _____				
(7) _____				
(8) _____				

2. Buildings and Personal Property

HOME OFFICE USE:	RISK NO.	RISK NO.	RISK NO.	RISK NO.
Values: <input type="checkbox"/> 90%	Premises No. _____	Premises No. _____	Premises No. _____	Premises No. _____
<input type="checkbox"/> 100%	Bldg. No. _____	Bldg. No. _____	Bldg. No. _____	Bldg. No. _____
Building	\$ _____	\$ _____	\$ _____	\$ _____
Personal Property	\$ _____	\$ _____	\$ _____	\$ _____

Check and circle optional coverages and provide information per building:

<input type="checkbox"/> Replacement Cost	Bldg.	Pers. Prop.	Bldg.	Pers. Prop.	Bldg.	Pers. Prop.	Bldg.	Pers. Prop.
<input type="checkbox"/> Actual Cash Value	Bldg.	Pers. Prop.	Bldg.	Pers. Prop.	Bldg.	Pers. Prop.	Bldg.	Pers. Prop.
<input type="checkbox"/> Inflation Protection	Bldg.	Pers. Prop.	Bldg.	Pers. Prop.	Bldg.	Pers. Prop.	Bldg.	Pers. Prop.
<input type="checkbox"/> Agreed Value	Bldg.	Pers. Prop.	Bldg.	Pers. Prop.	Bldg.	Pers. Prop.	Bldg.	Pers. Prop.
Construction	_____	_____	_____	_____	_____	_____	_____	_____
Year of Construction	_____	_____	_____	_____	_____	_____	_____	_____
Occupancy	_____	_____	_____	_____	_____	_____	_____	_____
Protection Class	_____	_____	_____	_____	_____	_____	_____	_____
County	_____	_____	_____	_____	_____	_____	_____	_____
Miles to Fire Dept.	_____	_____	_____	_____	_____	_____	_____	_____
Feet to Hydrant	_____	_____	_____	_____	_____	_____	_____	_____
Name of Fire Dept.	_____	_____	_____	_____	_____	_____	_____	_____
Inside City Limits	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No

INSTITUTIONAL PROPERTY SURVEY

BUILDING INFORMATION	Prem. # ___ Bldg. # ___	Prem. # ___ Bldg. # ___	Prem. # ___ Bldg. # ___	Prem. # ___ Bldg. # ___
Square Feet Ground Floor/All other floors	/	/	/	/
Square Feet Basement				
Square Feet Total				
Number of Stories				
Type of Heating System	Steam Space Forced Air Other	Steam Space Forced Air Other	Steam Space Forced Air Other	Steam Space Forced Air Other
	Wood Burning Stove	Wood Burning Stove	Wood Burning Stove	Wood Burning Stove
If Wood Burning Stove was circled above	Yes No	Yes No	Yes No	Yes No
a) does it act as the primary source of heat?	Yes No	Yes No	Yes No	Yes No
b) has it been inspected by a qualified individual within the last 12 months & cleaned as required?	Yes No	Yes No	Yes No	Yes No
Electrical System	Circuit Breaker Fuse w/ Fusestats Fuse w/o Fusestats	Circuit Breaker Fuse w/Fusestats Fuse w/o Fusestats	Circuit Breaker Fuse w/Fusestats Fuse w/o Fusestats	Circuit Breaker Fuse w/Fusestats Fuse w/o Fusestats
Date of last electrical system inspection				
Date of last roof maintenance /Age of roof	/	/	/	/
PROTECTION	Yes No	Yes No	Yes No	Yes No
Servicing of Extinguishers	Date	Date	Date	Date
Sprinkler System	Full Partial None	Full Partial None	Full Partial None	Full Partial None
Automatic Extinguishing Systems over cooking surfaces	Yes No	Yes No	Yes No	Yes No
Alarms: Smoke Detectors on Each Floor	Yes No	Yes No	Yes No	Yes No
Heat Detectors	Yes No	Yes No	Yes No	Yes No
Pull Alarms	Central Local None	Central Local None	Central Local None	Central Local None
Central-Detectors	Smoke Heat Other	Smoke Heat Other	Smoke Heat Other	Smoke Heat Other
Burglar Alarms	Central Local None	Central Local None	Central Local None	Central Local None
Name of Responding Company				Phone No.
Building locked when not in use	Yes No	Yes No	Yes No	Yes No
Flammable chemicals are kept in locked, tamper-proof cabinets and/or storage space	Yes No	Yes No	Yes No	Yes No
Building on Historical Register	Yes No	Yes No	Yes No	Yes No

LIABILITY COVERAGE PART

1. LIMITS OF INSURANCE

Occurrence Limit

- \$ 300,000
- \$ 500,000
- \$1,000,000

Aggregate Limit

- \$ 600,000 or \$1,000,000
- \$1,000,000 or \$1,500,000
- \$2,000,000 or \$3,000,000

Medical Expense Limit \$1,000 \$2,500 \$5,000 \$10,000 (where available in approved states)

2. Schedule of Exposures

Schedule of Exposure	Rating Basis	Prem. _____ Bldg. _____	Prem. _____ Bldg. _____	Prem. _____ Bldg. _____	Prem. _____ Bldg. _____	Prem. _____ Bldg. _____
Buildings	Area					
Residence - Location	Per Unit					
Day Nursery	# of children					
School - grades	# of students	K-8			9-12	

3. There is a swimming pool
- Pool is fenced and locked when not in use.
 - Pool depth is marked.
 - There are no diving boards.
 - There is no swimming without a lifeguard on duty.

4. Premises leased to others. List name/exposure and square footage used.
-

- Certificate of Insurance is required naming insured as Additional Insured.

5. Indicate exposures and provide details:

- | | | |
|--|--------------------------------------|--|
| <input type="checkbox"/> Broadcasting | <input type="checkbox"/> Fireworks | <input type="checkbox"/> Known asbestos/lead paint |
| <input type="checkbox"/> Professional Counseling | <input type="checkbox"/> Publishing | <input type="checkbox"/> Trampoline/rebounding equipment |
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Drug | | |
| <input type="checkbox"/> Income Producing | | |
| <input type="checkbox"/> Pregnancy | | |
| <input type="checkbox"/> Other _____ | | |

6. OPTIONAL COVERAGES:

- Day Nursery Medical (For approved states only.)
- School Medical (For approved states only.)
 - Interscholastic Athletics _____ # of athletes
- Non-Owned and Hired Automobile Liability
- Corporal Punishment — # of teachers: _____ # of administrators: _____
 SEND CORPORAL PUNISHMENT GUIDELINES. Coverage is subject to review and approval.
- Directors, Officers and Trustees Liability Coverage — Occurrence
- Applicant currently carries Claims-made Director, Officers and Trustees Liability Coverage. If checked, Retro Coverage will be added for the initial policy term.
- Employment Practice Liability — Claims made — (For approved states only.)
 - # of Employees _____
 - Occurrence/Aggregate \$250,000 \$500,000
 - Retention \$0 unless otherwise indicated \$5,000 \$10,000
- Employee Benefits Liability
 - # of Employees _____



Agent Instruction: Complete this box when using this page as a "supplemental" application.
 Policy # _____ Named Insured _____
 Effective Date _____ Agent # _____

DAY NURSERY INFORMATION (not applicable for Stewardship)

A. General Information:

1. Appropriate Fire Marshall Inspection Report and evidence of any required remediation are on file.
2. Staff members or volunteers are part of a mandatory community services obligation program, e.g., doing community service in lieu of going to prison.
3. Square footage of the building area used _____
4. Appropriate licensing requirements are met (e.g. state, county, city, etc.).
 If there are no licensing requirements, the minimum enrollment is 25.
5. Day care is provided in a residence.
6. Days and hours of operation _____

Age Group	Adult/Child Ratio	Age Group	Adult/Child Ratio
2 weeks to 2 years	_____	5-10 years	_____
2 years	_____	10+ years	_____
3 years	_____	Adult Day Care	_____
4 years	_____		

8. Total number of children on premises at any given time _____
9. Properly functioning *UL-listed* smoke detectors are installed in each room.
10. Properly functioning Carbon Monoxide (CO) detectors are installed.

B. Safety Information:

1. A written policy outlining the entity's fire protection program exists and routine fire drills are performed.
2. Emergency evacuation procedures are in effect (tornado, earthquake, etc.).
3. Strictly enforced guidelines are in effect for the authorized pick-up of children.
4. Electrical outlets have cover protectors.

C. Medical Practices:

1. Medicines are kept in appropriately locked cabinets; procedures for their distribution are in place.
2. Record of injuries and action taken exists.
3. Parents sign permission slips authorizing emergency medical transportation or treatment.
4. Two on-duty staff members are certified in CPR and First Aid.

D. Personnel Information:

1. Written employment practices exist.
2. Corporal punishment is administered.



Agent Instruction: Complete this box when using this page as a "supplemental" application.
 Policy # _____ Named Insured _____
 Effective Date _____ Agent # _____

CAMP INFORMATION (not applicable for Stewardship)

A. General Information:

1. Agent has performed a physical inspection of the premises.
2. Exposure is YMCA/YWCA Camp Horse Camp Other _____
3. Number of Camper Days (**must include use by outside groups**)
 Total # of Campers per day _____ x # of days _____ = Camper Days _____
 Total # of Campers per day _____ x # of days _____ = Camper Days _____
 Total # of Campers per day _____ x # of days _____ = Camper Days _____
 Total Camper Days _____

Example: A camp is open 150 days of the year and 100 campers attend each day. However, for two weeks during the season the camp has a family conference and an additional 400 campers are present each day. The total # of camper days would be computed as follows:

$$\begin{aligned}
 &100 \text{ Campers} \times 150 \text{ days} = 15,000 \text{ camper days} \\
 &+400 \text{ Campers} \times 14 \text{ days} = \underline{5,600} \text{ camper days} \\
 &20,600 \text{ Total Camper Days}
 \end{aligned}$$

4. Length of Camping Season: Year Round Seasonal — Opening date _____ Closing date _____

B. Activities:

- | | | |
|---|---|---|
| <input type="checkbox"/> ATVs/3 or 4 Wheelers | <input type="checkbox"/> Parasailing | <input type="checkbox"/> Water Skiing |
| <input type="checkbox"/> Archery | <input type="checkbox"/> Rafting | <input type="checkbox"/> Water Slides |
| <input type="checkbox"/> Boating | <input type="checkbox"/> Rappeling | <input type="checkbox"/> Water Tubing |
| <input type="checkbox"/> Golf | <input type="checkbox"/> Riflery | <input type="checkbox"/> White Water Rafting
(Grade of Rapids) _____ |
| <input type="checkbox"/> Hang-Gliding | <input type="checkbox"/> Rope Course | <input type="checkbox"/> Winter Sports |
| <input type="checkbox"/> Hayrides | <input type="checkbox"/> Skate Boarding | <input type="checkbox"/> Downhill Skiing |
| <input type="checkbox"/> Horseback Riding | <input type="checkbox"/> Scuba Driving | <input type="checkbox"/> Cross Country Skiing |
| <input type="checkbox"/> Hot Air Ballooning | <input type="checkbox"/> Sport Camps
Type _____ | <input type="checkbox"/> Sledding |
| <input type="checkbox"/> Martial Arts | <input type="checkbox"/> Surfing | <input type="checkbox"/> Snow Tubing |
| <input type="checkbox"/> Motorbikes | <input type="checkbox"/> Survival Courses
Type _____ | <input type="checkbox"/> Snowmobiling |
| <input type="checkbox"/> Mountain Climbing | <input type="checkbox"/> Swimming | <input type="checkbox"/> Tobogganing |
| <input type="checkbox"/> Mud Sports | <input type="checkbox"/> Trampolines | <input type="checkbox"/> Ice Hockey |
| <input type="checkbox"/> Obstacle Courses | | |
| <input type="checkbox"/> Other _____ | | |

C. Safety Information:

1. There is a swimming pool.
 Pool is fenced and locked when not in use.
 Pool depth is marked.
 There are no diving boards.
 There is no swimming without a lifeguard on duty.
2. There is beach swimming.
 There is no swimming without a lifeguard on duty.
3. There are U.S. Coast Guard-approved life jackets available for each passenger in the boat.

D. Medical Practices:

1. Medicines are kept in appropriately locked cabinets; procedures for their distribution are in place.
2. Record of injuries and action taken exists.
3. Parents sign permission slips authorizing emergency medical transportation or treatment.

E. Personnel Information:

1. All waterfront personnel have Advanced Life Safety (ALS) certification.
2. Corporal punishment is administered.

