



LIABILITY SUPPLEMENTAL INFORMATION

Please forward the completed form via email to foursquare.GGB@ajg.com. If you should have any questions please call 833-813-5580, dial 4 for Customer Service. Foursquare Insurance Department approval is required for locations that are rented, leased, or purchased and are not listed on the church's insurance property schedule.

General Liability

Church Code# _____
 Organization Legal Name: _____
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
 Request By: _____ Phone () _____
 Email: _____ Fax # _____
 Building address
(if different from bldg address) _____
 City: _____ State: _____ Zip Code: _____

Liability

Church Attendance _____
 Church Volunteers (estimated monthly) _____
 Number of Board of directors _____
 Number of Pastors _____
 List other Ministries _____
 Estimated attendance ministries _____

Missions

Country _____ City/State _____
 Attendance: _____
 Dates: _____
 Description of Mission Trip _____

School Type

	# Full-Time Students	# Part-Time Students	# Teachers
Kindergarten (Pre-K & K)	_____	_____	_____
Elementary (1 - 8)	_____	_____	_____
High School (9 - 12)	_____	_____	_____
College	_____	_____	_____
Nursery / Day Care	_____	_____	_____

List sports played _____ Participants _____

Do you have a "Return to Play" program that includes physician or physician's designee authorization before competition, practice, or conditioning sessions? Yes No

How is the insured fulfilling the requirements of the state laws addressing concussions?

Bleachers / Grandstands / Stadiums _____
 Seating Capacity _____
 Use _____