



CHURCH QUESTIONNAIRE

Name of organization: _____

Website address (URL): www._____

1. Church denomination: _____
2. Number of church members: _____
3. Number of clergy: _____
4. Total number of full time paid staff, excluding clerical/secretarial: _____
5. Are any dwellings owned by the church? YES NO
If yes, is housing provided for clergy only? YES NO
6. Is church premises locked when not in use? YES NO
7. Is church equipped with any type of burglar alarm system? YES NO
If yes, describe: _____
8. Does any building have either stained glass, statuary or other fine arts affixed to the building? YES NO
If yes, attach a schedule of fine arts with values for each item.
9. Does your church offer bingo regularly? YES NO
If yes, how many people attend annually?
10. Does your church have a licensed school (K-12)? YES NO
If yes, complete the School Questionnaire
11. Does your church offer childcare (other than during services)? YES NO
If yes, complete the Childcare Questionnaire
12. Is your church kitchen equipped with commercial cooking equipment? YES NO
If yes, complete Commercial Cooking Questionnaire
13. Does your church offer youth group activities? YES NO
If yes, attach a list of activities scheduled for the year.
14. Does your church air TV or radio programs? YES NO
15. Does your church publish printed or recorded material for public distribution or sale? YES NO
If yes, complete the Media Questionnaire.
16. Does your church sell books, tapes, CDs or other commercial material? YES NO
If yes, what are the annual gross sales: _____
17. Does your church provide "meals on wheels" service? YES NO
18. Is Pastoral Professional Liability coverage desired? YES NO

SPECIAL EVENTS:

19. Does your church sponsor any special events, other than functions restricted to church members only? YES NO

If yes, complete questions 20-21

20. Provide the following information on all "**small events**". This includes events open to the public with less than 300 attendees. Typical events may include golf tournaments and dinners. Do not include regularly scheduled meetings. If additional space is needed, attach additional information.

Type of Event	Date & Time Scheduled	Annual Event?	Estimated Attendance	Estimated Receipts from Admission	Food/Drink receipts Excluding Liquor	Liquor Receipts
		YES <input type="checkbox"/> NO <input type="checkbox"/>				
		YES <input type="checkbox"/> NO <input type="checkbox"/>				
		YES <input type="checkbox"/> NO <input type="checkbox"/>				

21. Indicate any of the following types of events that you sponsor or participate in.

Complete a Special Event Addendum for each event indicated.

None of the following apply

Event with:

Aircraft (motorized or not)

Haunted House

Animals

Fireworks Sales or Fireworks Show

Athletic participation (e.g., rope courses, climbing walls, marathons, etc.)

Mechanical or non-mechanical entertainment devices (e.g., inflatable bouncers or slides)

Estimated attendance greater than 300 people

Parade-participation or sponsorship

Use of motorized vehicles-licensed or unlicensed

ABUSE COVERAGE:

22. Is abuse coverage desired? YES NO

If yes, complete questions 23-26

None

Occurrence

Included in GL or Sublimit: _____

Claims Made

Included in GL or Sublimit: _____

23. **As respects abuse,**

a. Have any claims ever been filed or allegations ever been made, against your organization or anyone working on behalf of your organization alleging abuse? YES NO

b. Are you aware of any occurrences that could lead to a claim? YES NO

If yes to above, explain: _____

24. Describe any operational procedures you use to control the potential for abuse: _____

25. Does your facility have written policies that address abuse? YES NO

a. Are policies reviewed with new employees and volunteers? YES NO

b. Does policy require all clients be instructed to report possible incidents of abuse? YES NO

c. Does policy require employees to formally report all incidents of potential abuse to the organization's director or board of directors? YES NO

d. Does policy require known or suspected abuse incidents be reported to proper authorities? YES NO

26. Provide the following information:

	Employees	Volunteers
a. Total number with client contact?		
b. Is unsupervised contact allowed with clients?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
c. Education verified?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
d. Personal references checked?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
e. Written application required?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
f. State 10-digit fingerprint criminal record check	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
g. Federal 10-digit fingerprint criminal record check if in state less than 5 years	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
h. Federal 10-digit fingerprint criminal record check regardless of time in state	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
i. Are all controls indicated in e-h required prior to any client contact?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
j. How long are records kept documenting all screening activities outlined above?	_____ years	_____ years

Federal checks require a second set of 10-digit fingerprint cards

Explain any "no" responses to question 26: _____

AUTO COVERAGE:

21. Does your organization own or lease vehicles? YES NO
22. Are all owned or leased vehicles being submitted to us for coverage? YES NO

If yes, attach Acord Auto applications.

23. Does your organization prohibit employees and volunteers from driving on your behalf if their MVR indicates any of the following:
- a. More than 2 moving violations and/or accidents within a 3 year period YES NO
- b. Reckless driving, DUI or any felony driving conviction within a 5 year period YES NO

24. Is **hired auto liability** coverage desired? YES NO
- If yes, does your annual vehicle rental expense exceed \$2,500?** YES NO

If yes, what is your annual vehicle rental expense?

25. Is **non-owned auto liability** coverage desired? YES NO

If yes,

- a. Total number of: _____ **employees** _____ **volunteers**
- b. Complete the following chart, indicating number of employees and volunteers that **use their personal vehicles on behalf of your organization.**

Type of Usage	Number of Employees with Daily or Weekly Usage	Number of Volunteers with Daily or Weekly Usage	Annual MVR Required?	Proof of Personal Auto Insurance Required on a Renewal Basis?	100/300 or 300 CSL Personal Auto Limits Required?
Errands			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Transport members or others			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

Completed by: _____ Date completed: _____