



GREAT AMERICAN INSURANCE COMPANIES Specialty Human Services Division



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. 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.

7. Does your church offer bingo regularly? YES NO
If yes, how many people attend annually? _____

8. Does your church have a licensed school (K-12)? YES NO
If yes, complete the School Questionnaire

9. Does your church offer childcare (other than during services)? YES NO
If yes, complete the Childcare Questionnaire

10. Is your church kitchen equipped with commercial cooking equipment? YES NO
If yes, complete Commercial Cooking Questionnaire

11. Does your church offer youth group activities? YES NO
If yes, attach a list of activities scheduled for the year.

12. Does your church air TV or radio programs; print or record material for public distribution or sale; or sell books, tapes, CDs or other commercial material? YES NO
If yes, complete the Media Questionnaire.

13. Does your church provide "meals on wheels" service? YES NO

14. Is Pastoral Professional Liability coverage desired? YES NO

15. 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:

Estimated attendance more than 300 people

Aircraft or watercraft (motorized or not)

Animals

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

Fireworks sales or fireworks show

Haunted house

Home tours

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

Parade-participation or sponsorship

Use of motorized vehicles of any type

16. **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: _____

17. Does your organization have written policies that require known or suspected abuse incidents be reported to proper authorities? YES NO

18. Provide the following information:

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

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

19. Does your organization rent or lease any vehicles on a short-term basis? YES NO

If **yes**, what is your annual vehicle rental expense? _____

20. 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"/>
Home meal delivery			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: _____

