

**RELIGIOUS INSTITUTION PROGRAM QUESTIONNAIRE
NEW BUSINESS**

Name Insured: _____

Location: _____

GENERAL INFORMATION

1. Average number of attendees _____
2. Annual budget _____
3. Denominational affiliation _____
4. Do you operate a cemetery? Y N
Address _____ # Acres _____
5. Are any owned dwellings not occupied by the clergy?
Y N If yes, location(s) _____
6. How frequently do members drive their own vehicles on religious institution business? _____ times per month
7. Are members under age 25 or over 70 used to transport other members on religious institution business?
Y N
8. How often are financial audits made? _____
9. Who has check signing authority? _____

10. Is more than one signature required for non-budgeted items? Y N
11. Are Certificates of General Liability insurance required from all independent contractors performing work on premises? Y N
12. Certificates of General Liability insurance should be required from all outside groups utilizing the property. Please list all non-affiliated groups that use the premises.

Group	Cert of Ins Obtained?	
	Y <input type="checkbox"/>	N <input type="checkbox"/>
	Y <input type="checkbox"/>	N <input type="checkbox"/>
	Y <input type="checkbox"/>	N <input type="checkbox"/>
	Y <input type="checkbox"/>	N <input type="checkbox"/>
	Y <input type="checkbox"/>	N <input type="checkbox"/>
	Y <input type="checkbox"/>	N <input type="checkbox"/>

PROFESSIONAL LIABILITY FOR CLERGY

13. # of clergy _____
14. Is clergy licensed or ordained? Y N

15. Has clergy received degree from Bible College/Divinity School? Y N
If no, provide extent of education. _____
16. Does clergy perform counseling? Y N
If yes, has clergy received formal training in counseling? Y N
17. Is a fee (other than a donation) required for counseling? Y N
18. Does clergy perform other than spiritual counseling? Y N
If yes, describe _____
If yes, do they have a separate professional liability policy? Y N
19. Does clergy advertise counseling to non-congregation members? Y N
20. Do you have any past or pending claims against your professional liability? Y N
If yes, explain _____

ABUSE AND MOLESTATION COVERAGE

Screening Procedures – For anyone with contact with minors, do you require a completed employee/volunteer application which:

21. Asks the applicant if he/she has ever participated in, been accused of, pled guilty/no contest to, or been convicted of abuse or any sexual misconduct? Y N
22. Asks the applicant if he/she has been convicted of or pled guilty or no contest to any criminal offense of any kind? Y N
23. Requests the names of at least two references & references are checked prior to employment or volunteer activities? Y N

Formal Written Policy – Does your governing board have a formal written policy that includes:

24. Six Month Rule – No person is permitted to work with minors until he/she has been associated with the organization for at least six month? Y N
25. Two Adult Rule – At least two adults are present at every function and in each classroom, vehicle or other enclosed area during all activities involving minors? Y N

26. Premises Monitors – Provisions made to monitor the premises (classrooms, halls, etc.) when minors' activities are held? Y N
27. Legal Advice – A process for obtaining legal advice concerning statutory reporting requirements and termination of employment of the accused, if termination is deemed warranted? Y N

Training & Miscellaneous

28. Do you require that all employees, youth group leaders, and chaperones complete a training program for molestation prevention? Y N
29. Do you do police background checks on potential employees & volunteers who will have contact with minors? Y N

YOUTH ACTIVITES

30. The following activities are considered hazardous. Check any activities that you sponsor or conduct. DO NOT BIND.
- Snow tubing (if done at an uninsured facility)
 - River rafting or tubing
 - Mountain climbing (not hiking)
 - Horseback riding
 - Firearms
 - Rope swings
 - Rappelling
31. The following activities are acceptable if permission slips and signed waivers are obtained from the parent/guardian of each child. Check any activities that you sponsor or conduct.

Activity Sponsored or Conducted	Activity Description	Permission Slips & Signed Waivers Obtained?	
		Y <input type="checkbox"/>	N <input type="checkbox"/>
<input type="checkbox"/>	Snow tubing – only at an insured facility	Y <input type="checkbox"/>	N <input type="checkbox"/>
<input type="checkbox"/>	Hayrides – only with adult supervision	Y <input type="checkbox"/>	N <input type="checkbox"/>
<input type="checkbox"/>	Swimming – only at an insured facility with lifeguards	Y <input type="checkbox"/>	N <input type="checkbox"/>
<input type="checkbox"/>	Skiing – only at an insured facility	Y <input type="checkbox"/>	N <input type="checkbox"/>
<input type="checkbox"/>	Water slides – only at an insured facility	Y <input type="checkbox"/>	N <input type="checkbox"/>
<input type="checkbox"/>	Hiking	Y <input type="checkbox"/>	N <input type="checkbox"/>
<input type="checkbox"/>	Canoe trips	Y <input type="checkbox"/>	N <input type="checkbox"/>

SPECIAL ACTIVITIES OPERATIONS

32. Do you operate or participate in any of the following?
- Soup Kitchen Y N
 - If yes, # of meals served weekly _____
 - Shelter/Crisis Center Y N
 - Camp (off-premises) Y N
 - Carnival or Circus Y N
 - Adult Day Care Y N
33. Do you have any tenant Day Care or Nursery School in your building(s)? Y N

34. Do you operate:
- a. Before/after school program? Y N
 - If yes, # of children _____ and # of staff _____
 - b. Nursery School? Y N
 - c. Day Care? Y N
 - d. K-12 School? Y N
 - If any answer to a., b., c., or d. is yes, please complete the Child Care Facility Supplemental Questionnaire.
35. Is there any playground equipment? Y N
- If yes:
- a. Describe _____
 - b. Are there physical restraint boundaries, such as fences, to protect the children? Y N
 - c. Is there a playground equipment maintenance program? Y N
 - d. Is there a swimming pool? Y N
 - e. Number of staff supervising children on playground _____

BUILDING/PREMISES

36. Is there any cooking equipment in the building? Y N
- If yes, describe the equipment and how often used _____
37. Are there a minimum of two exits from each floor of the building? Y N
38. What type of fire alarm system is in the building?
Manual Automatic
39. Are smoke detectors located in each room where child activities occur? Y N
- If yes:
- Battery Operated? Y N
 - Hard Wired? Y N
 - Date last tested: _____
40. Are fire extinguishers serviced annually? Y N

Please complete CL-56 for any Nursery School, Day Care, or K-12 School operations.

Insured's Name/Title (Please Print)

Insured's Signature

Phone Number of Contact Person

Date