



Annual Conference Church Insurance Questionnaire - 2007

Name of Church: _____ **GCFA #** _____
Contact Person: _____
Address of Church: _____
City: _____ **State:** _____ **Zip:** _____ **County:** _____
Phone:() _____ **Fax:()** _____ **Email:** _____

Current Insurance:

Please fill out the information based on your current policies

	Effective Date	Current Insurance Co.	Annual Premium
Property & Liability Package	_____	_____	_____
Auto Insurance	_____	_____	_____
Workers' Compensation	_____	_____	_____
Umbrella	_____	_____	_____
Directors' & Officers'	_____	_____	_____

Property:

Please complete attached statement of replacement value worksheet for all buildings.

Description of Properties:

Note: The building value should include replacement values for the following: organs, stained glass, fixed pews, seats, altars, pulpits, lecterns, fences, signs and other fixed property.

Responding fire department	_____	Electronic Data processing hardware	\$ _____
Does building have a steeple?	y / n	Fine Arts (Value in excess of \$25,000)	\$ _____
Height of steeple	_____	Musical instruments (total value)	\$ _____
Is church located within city limits?	y / n	Handbells	\$ _____
Is the church a historical site?	y / n	# of sets _____ # of octaves _____	
Date declared historical	_____	Pipe Organ (replacement value)	\$ _____
List historical registry	_____	# of ranks _____	
Do building/s have an elevator/s?	y / n	Stained Glass (replacement value)	\$ _____
If yes, how many	_____	# of windows _____	
Any structural renovations, additions demolition or new building planned or in progress?	y / n	Estimated total square footage of each window _____	
(Attach a short description of project)		Other	\$ _____

Crime coverage:

Number of people who handle cash _____
 Two signatures required on checks y / n
 Where is cash kept overnight? _____

Building and grounds annual maintenance budget \$ _____

General Liability:

Number of Pastors:	_____	Adult Day Care:	y / n
Number of Active Members:	_____	Any medical professionals on staff	y / n
Number of Trustees:	_____	Any vacant land	y / n
Average weekly attendance:	_____	If yes, number of acres and address	_____
Day Care	y / n		
Number of Full-time students:	_____	Any church owned cemeteries?	y / n
Number of Part-time students:	_____	Address of locations	_____
Number of Teachers:	_____	# of annual burials	_____
Days of Operation:	_____		
Hours of Operation:	_____		

Cooking on Premise

Who are they cooking for? _____
 If yes, standard or commercial? (circle one)
 with a regular servicing contractor? y / n
 Are the protective hoods, ducts and filters cleaned annually? y / n

Is the kitchen equipped with a stove? y / n
 If commercial, is there an automatic extinguishing system? y / n
 Fire extinguishers located in the kitchen area? y / n

Church Sponsored Trips

Sponsored Athletics

What is the purpose of the trip? _____
 Where are they going? _____
 Approx. length of trips? _____
 Age Group? _____
 Child / adult ratio? _____
 What means of transportation? _____

Type of activity _____
 Type of activity _____
 Type of activity _____
 Are medical release forms on file? y / n
 Are permission slips for minors on file? y / n
 Is there other health insurance available? y / n

Workers' Compensation:

Please indicate estimated annual payroll by category.

Federal ID # _____

Professional and Clerical Employees (This would include all ministers, youth directors, choir directors, ministers of music, organists, secretaries, office help, receptionists, bookkeepers, day care or nursery help, or any other non-hazardous position.)

payroll \$ _____

Day Care Employees (This would include professional and clerical employees for a day care)

payroll \$ _____

All Other Employees (This would include janitors, custodians, maintenance personnel, cooks, drivers, yard maintenance, or any other hazardous position.)

payroll \$ _____

Total number of employees: _____

Owned Auto Coverage

Church owned vehicles

Year	Make	Model	Complete VIN #	Garage Zip Code	Cost New	Deductibles		# of Passengers
						Comp.	Collision	

Attach a list of loss payees per vehicle

MVRs

List all employees, volunteers and family members who drive on a regular basis (at least once every two weeks)

Name	Driver's License #	Social Security #	Date of Birth	State of License

Claims History:

Please list all losses in the past 5 years. Attach a copy of loss details from current carrier.

Date	Description of Loss	Amount of Loss

(Attach additional pages as needed.)

Signed: _____

Date: _____

Name: _____

Title: _____

Please submit completed application via mail, email or fax to:

Daisy Bandera-Duplantier

Two Pierce Place

Itasca, IL 60143-3141

daisy_bandera-duplantier@ajg.com

Fax: 866.221.4858

Any questions? Call the PACT service center at 877-UMC-PACT (877-862-7228)

STATEMENT OF REPLACEMENT VALUE

Description Of Property: ALL INFORMATION IS REQUIRED TO OBTAIN A QUOTE

Note: The building replacement cost should include replacement costs for attached organs, stained glass, fixed pews, seats, altars, pulpits, lecterns, fences, signs and other fixed property. Identify any building that has a boiler vessel. All buildings must be listed separately even if they are at the same location. Please provide 2 pictures of each building along with a diagram.

	Year Built	Square Footage		# of Stories	Cstr.*	Sprinkler Y/N	Age of Roof	Lightning Rod Y/N	Boiler Y/N	Smoke Alarm Y/N	Burglar Alarm Y/N	Building Value	Contents Value	
		Total (Excl. Basmt.)	Basement											
			Finished**											Unfinished
Sanctuary														
Location Address (incl. city, state, zip):														
Fellowship Hall														
Location Address (incl. city, state, zip):														
Education Building														
Location Address (incl. city, state, zip):														
Office														
Location Address (incl. city, state, zip):														
Parsonage														
Location Address (incl. city, state, zip):														
Garage														
Location Address (incl. city, state, zip):														
Other building														
Description/Address (incl. city, state, zip):														

***Construction**

Frame: Exterior walls are wood or steel studs, covered with wood siding, shingles, stucco, brick or stone veneer.

Joisted Masonry: Exterior walls are concrete block, stone or similar materials. The floors and roof are wood or other combustible material.

Masonry Non-Combustible: Exterior walls are concrete block, stone or similar materials. The floors and roof are non-combustible supported by structural steel frame. The structural steel frame is not fireproofed.

Fire Resistive: buildings with reinforced concrete frame. The walls are non-combustible materials and floors and roof are reinforced concrete or concrete on fireproofed steel deck.

**Finished basement means dry walled, flooring (carpet/tile) & finished ceiling.

Signature _____

Title _____ Date _____

Protecting Children and Vulnerable Adults and Pastoral Counseling Questionnaire 2007

Church Name: _____

GCFA #: _____ Annual Conference: _____

Church Physical Address: _____

City: _____ State: _____ Zip: _____

Children and Vulnerable Adults

	<u>Yes</u>	<u>No</u>
1. Do you follow the guidelines outlined by Safe Sanctuaries or other child protection programs from your Annual Conference or the general church?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have a written policy with procedures for screening and performing checks of all prospective employees?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have a written policy with procedures for screening prospective employees and volunteers that includes a personal interview by a staff member?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are signed and dated employment applications required of all prospective employees ?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are signed and dated volunteer applications required of all prospective volunteers ?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do your employment applications contain a question that asks if the individual has ever been convicted of a crime, including any sex-related or child abuse?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are references checked and documentation maintained?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you communicate at least annually to your congregation the means for reporting violations of your policies to the leadership of the church?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do your employment applications require that one reference be a family member and other references are not family members?	<input type="checkbox"/>	<input type="checkbox"/>
10. Where are employment applications and reference check documents stored?	_____	
11. How many years are they stored for?	_____	
12. Has the church or any pastor had abusive act (or similar) insurance coverage declined, cancelled, or non-renewed?	<input type="checkbox"/>	<input type="checkbox"/>
13. Has the church, any employee, or volunteer had any claim or suit brought against them as a result of abusive acts?	<input type="checkbox"/>	<input type="checkbox"/>
14. Have any public authorities investigated the applicant relating to claims or allegations of abusive acts?	<input type="checkbox"/>	<input type="checkbox"/>
15. Has any employee or volunteer had any claim or suit brought against them as a result of abusive acts?	<input type="checkbox"/>	<input type="checkbox"/>
16. Is pastoral counseling offered to anyone that is not a member of the church?	<input type="checkbox"/>	<input type="checkbox"/>
17. Has any clergy received income from counseling?	<input type="checkbox"/>	<input type="checkbox"/>
18. Has any church or clergy had any claim or suit brought against them as a result of counseling activities?	<input type="checkbox"/>	<input type="checkbox"/>
19. Has any church or clergy insurance coverage declined, cancelled, or non-renewed because of counseling activities?	<input type="checkbox"/>	<input type="checkbox"/>
20. Where are counseling sessions held? <input type="checkbox"/> Church <input type="checkbox"/> Clergy Home <input type="checkbox"/> Counselor Home <input type="checkbox"/> Other		

**SAMPLE
CLAIM HISTORY REQUEST**

Broker/Agent/Carrier Name
Company
Address
City, State Zip

DATE:

RE: Five Year Claim History Information Request

Dear CONTACT NAME:

We are requesting five year claim history information for our church location(s), on the following policies:

Policy #	Policy Dates
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Thank you for your assistance with this request. Please forward this loss information directly to me at the address listed below. Should you have any questions or concerns, please contact me directly.
Regards,

Printed Name

Signature

Title

Date

Church Name

Church Phone

Church Address, City, State and Zip