

# Hugh Wood Inc. Ministry Questionnaire



Name of Church

Street Address:

City:  State:  Zip:

Mailing Address:

Number of Members:  Region/Conference

Federal Employers ID Number

Contact Name  Phone:

Current Insurance	Effective Date	Insurance Carrier	Expiring Premium
Property & Liability Package			
Automobile Liability Insurance			
Workers Compensation			
Directors & Officers Liability			
Employment Practices Liability			
Umbrella (Excess Liability)			
Sexual Abuse			
Professional Liability			

Property Address	Sanctuary	Fellowship Hall	Education Building	Office	Parsonage	Sanctuary 2	Orchard Land
Year Built							
Sq. Foot							
Construction Type							
Building Value:							
Contents Value							
Burglar Alarm Y/N							
Sprinkler Y/N							
Smoke Alarm Y/N							
# of Stories							
Electrical Updated							
Plumbing Updated							
Roof Updated							
Flood Zone/EQ Zone							

## Continued from Property

Important: Please attach picture of each building and a rough drawing to scale of outside dimensions of building(s). If available, send copy of recent building appraisal. If applicable, send a list of all Fine Arts or other scheduled property and appraisal.

Date of most recent appraisal:

Commercial kitchen? Yes No

If yes, Ansul Fire Suppression System?

Is there heating/water boiler?

Number of elevators?

Are evacuation routes posted throughout the building? Yes No

## Mortgagee Information

Name:

Address:

City:

Loan Account Number:

Phone:

Fax:

Attention:

Are any of your buildings on the historical registry? Yes No

What is the year the church started?

Do your buildings have unique or irreplaceable characteristics (i.e. Tiffany stained glass)? If yes, describe: Yes No

Fire and burglar alarms Yes No

If yes, describe:

Smoke Detectors:  Hard Wired  Battery Operated

Lightening Protections:  Yes  No  N/A

Lightning rod exists, is grounded?  Central  Local  None

Do you have security guards: Yes No

If yes, are they armed or unarmed?

Do you have a security handbook: Yes No

Do you have a cemetery: Yes No

Number of Acres:

Vacant Land: Yes No

Number of Acres:

Do you own and/or operate a food bank? Yes No

Do you own and/or operate a homeless shelter? Yes No

Do you own and/or operate any for-profit or non-profit subsidiaries? If yes, please explain Yes No

:

Does the church have a playground? Yes No If yes, it fenced and locked when in use?

Any professional counseling provided? Yes No

Are any buildings listed under construction or is any construction planned within the next 12 months? Yes No

## Liability

Do you lease any part of the building to the general public for social or athletic events: Yes No

If yes, do you obtain a certificate of insurance: Yes No

Does it include a hold harmless clause in favor of the church? Yes No

What type of counseling is performed by the church clergy?

Alcohol       Marriage       Religious       Drugs       Pregnancy       Other

If counseling is provided, how much formal training have the clergy received in this area?

Are clients referred to specialist when appropriate?       Yes       No

If you use contracted counselors, do you obtain evidence of malpractice insurance?       Yes       No

Thrift Store:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what are your annual sales?
Soup Kitchen:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many meals?
Meals on Wheels:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, #of participants?
Camp:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, # of campers?
Rental Property:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, attach property details.

Employees, Church Members or others who travel overseas on church business:       Yes       No

Broadcasting:       Yes       No

Alternative to prison programs:       Yes       No

Live nativity or any other special activities:       Yes       No

Any athletic activities:       Yes       No

### Education Operated Church

1. Is there a daily nursery school?       Yes       No      How many students?

2. Is there a daily kindergarten?       Yes       No      How many students?

3. Is there an elementary school?       Yes       No      How many students?

### Facility

Type of Facility (daycare, Pre-School, K-12, or College)?

Hours of operation:

Is the facility licensed?       Yes       No

How many fire extinguishers are at each location?

Are fire extinguishers inspected annually?       Yes       No

### Teachers

What's the teacher to child ratio?

Do the hiring procedures include:

Back ground checks?       Yes       No

Screening for criminal records?       Yes       No

Credential checks?       Yes       No

### Sexual Abuse

Is there a new employee and volunteer orientation program that includes training in abuse awareness?       Yes       No

Are parents encouraged to visit the premises unannounced and observe children's activities?       Yes       No

Are any minors in your care overnight?       Yes       No

Does your employment/volunteer application include questions about whether the individual has ever been convicted for any crime, including sex-related or child abuse related offense?       Yes       No

Do you conduct national background and reference checks?       Yes       No

Do you verify employment related references?       Yes       No

Do you conduct a personal interview?       Yes       No

Do you have written procedures for dealing with sexual abuse?       Yes       No

Do you require that no minor is ever alone with only one adult in any church-sponsored activity except in a counseling session?  Yes  No

Has your organization ever had an incident which results in an allegation of sexual abuse?  Yes  No

If so, please describe:

### Crime Protection

1. Are collections left overnight in the church?  Yes  No
2. Is there a safe on the premises?  Yes  No If yes, describe:
3. Is counter signature required on checks?  Yes  No
4. Frequency of cash/accounts audits and by whom?
5. Number of employees
6. How many employees or volunteers handle money?
7. Are financial records subject to an annual independent audit by a CPA firm or an independent committee of the applicant?  Yes  No
8. Does the church have a written financial management policy providing for separation of duties?  Yes  No
9. Are at least two persons involved in all financial transactions (counter signature on checks and reconciliation of accounts)?  Yes  No

### Auto

Year	Make	Model	Vin Number	Cost New	Garaged	3 of Passengers

Attach a list of all drivers (Name, drivers' license number, date of birth & state)

**NOTE:** Drive other Car Coverage: If a Pastor or a Church official does not have a personal car or personal automobile insurance, you may want to purchase this coverage to protect the Pastor, other Church officials and their spouse while using the automobile. If so, please provide a list including the names and driver's license numbers of those individuals. Add note requesting Driver other Car Coverage at top of list.

### Directors and Officers/Employment Practices Liability

1. D&O limit requested:  \$1,000,000  \$2,000,000  Other \_\_\_\_\_
2. EPL limit requested:  \$1,000,000  \$2,000,000  Other \_\_\_\_\_
3. Does your organization have tax exempt status?  Yes  No
4. What are your current total assets?
5. What is your annual revenue?
6. What is your current number of full-time/part-time employees?
7. Number of temporary workers? Number of Volunteers?
8. How many lay-offs have you had in the past 12 months?
9. Do you have an employee handbook and it is distributed to all employees?
  - Does it have an "at-will" statement?  Yes  No
  - Does it have an anti-sexual harassment policy?  Yes  No
  - Does it have an anti-discrimination policy?  Yes  No

10. Have you had any D&O/EPL claims in the past 5 years? Yes No

If yes, please provide the details, the dates of the claim, the amounts paid and whether the claim is open or closed:

11. Is anyone applying for this coverage aware of any facts or circumstances which might give rise to a future Directors And Officers or Employment Practices claim? If yes, please describe. Yes No

12. Do you have any subsidiaries that should be included under this policy? If yes, please list them by name. Yes No

### Professional Liability

1. Have all clergy, rabbis, pastors, etc. completed their degree at an accredited theological seminary? Yes No  
If no, describe training clergy, rabbis, pastors, etc. underwent?

2. Do you verify license, education and other credentials for all counselors? Yes No

3. Is the house of worship or clergy, rabbis, pastors aware of any act, error, omission, fact, circumstance or situation that might afford valid grounds for a future claim, suit, or action under Professional Liability? Yes No  
If yes, please describe.

4. Do you use contracted counseling providers? Yes No

5. Are certificates of malpractice liability insurance obtained and maintained for all contracted counseling and health care providers? If yes, please indicate limits of liability. Yes No

Limits of Liability: \_\_\_\_\_

6. Is the staff required to report all incidences that may result in a claim? Yes No

7. If yes, is written record kept? Yes No

8. Are procedures in place to protect confidentiality of clients? Yes No

### Retro-Dates

This date is on all claims-made liability policy forms.

Sexual Misconduct:	Date:
Professional Liability:	Date:
Directors & Officers:	Date:
Other:	Date:

### Workers Compensation (Optional)

	Estimated Annual Payroll	Number of Employees
Clergy – Professional Asst. in clerical office	\$	\$
Teachers – School Employees	\$	\$
Maintenance	\$	\$
Other (describe):	\$	\$
Other (describe):	\$	\$

## Losses

Please list all losses for all lines of coverage incurred during the last 4 years and attach insurance carrier loss runs for that period of time.

Date	Nature of Loss	Amount of Loss

Important: Please attach picture of each building and a rough drawing to scale of outside dimensions of building(s). If available, send copy of recent building appraisal. If applicable, send a list of all Fine Arts or other scheduled property and appraisal.

Date of most recent appraisal:

Please forward upon completion to Hugh Wood Inc.'s Religious Practices Group either by email or fax to [mgerardis@hughwood.com](mailto:mgerardis@hughwood.com) or 206-816-3308.