



**CHURCH SUPPLEMENTAL INFORMATION**

INSURED NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENCY: \_\_\_\_\_ AGENT NAME: \_\_\_\_\_

1. About the insured's employees:

How many workers do they employ?	What are their ages?	What are their duties?	What are their experience levels?	What is their training?

2. What is the layout of the insured's premises?

3. What is the aspect of the Church's ownership? Are the owners or officers considered as volunteers?

4. Regarding the clerical/office workers, does the insured utilize ergonomic design guidelines for visual displays, keyboards, and workstations?

5. Does the clergy or personnel visit prisons? If so, is a warden or guard present during the consultation or group meetings?

6. Does the Church have a formal written safety program?

7. Since slips, trips and falls are major exposure for a House of Worship, what is the condition of the floor and floor coverings?

8. What is the housekeeping on the premises?

9. Does the insured sponsor special events?

10. Is there group transportation or field trips?

11. Do employees use their own vehicles to run errands or transport children?



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12. Does the Church offer a day care service or operate a school? If yes:

13. Regarding the day care exposure:

Are employees screened carefully prior to being hired?

What is the educational level of center's employee's?

How many hold a Child Development Association (CDA)?

Are employees required to wash their hands before preparing and serving foods?

Are employees required to wear disposable gloves for each diaper change, contact with blood and vomit or during administering first aid?

Are employee's trained in proper lifting techniques?

Have employees been advised on how to handle unruly children so that the potential for injury is minimized?

What is the level of housekeeping in the center?