



# ABUSIVE ACTS LIABILITY AND PASTORAL COUNSELING QUESTIONNAIRE

Church Name: \_\_\_\_\_

GCFA #: \_\_\_\_\_ Annual Conference: \_\_\_\_\_

Church Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

- |   | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| 1. Do you follow the guidelines outlined by the Safe Sanctuaries program?   | _____      | _____     |
| 2. Do you have a written policy with procedures for screening and performing background checks of all perspective employees?  | _____      | _____     |
| 3. Do you have a written policy with procedures for screening prospective employees and volunteers that includes a personal interview with a staff member?            | _____      | _____     |
| 4. Are signed and dated employment applications required of all prospective employees?  | _____      | _____     |
| 5. Are signed and dated volunteer applications required of all prospective volunteers?  | _____      | _____     |
| 6. Do your employment applications contain a question that asks if the individual has ever been convicted of a crime, including any sex related crime or child abuse? | _____      | _____     |
| 7. Do you communicate at least annually to your congregation the means for reporting violations of your policies to the leadership of the church?                     | _____      | _____     |
| 8. Are references checked and documentation maintained?   | _____      | _____     |
| 9. Do your employment applications require that one reference be a family member and other references are not family members?   | _____      | _____     |
| 10. Are procedures in place so that more than one employee/volunteer is present at all times when a child is in your care in order to avoid one-on-one situations?    | _____      | _____     |
| 11. Where are employment applications and reference check documents stored?   | _____      |           |
| 12. How many years are these documents stored?  | _____      |           |



The undersigned is an authorized representative of the Applicant and certifies that reasonable investigation and inquiry has been made to obtain the answers to questions on this Application. When providing information for purposes of requesting a renewal, if applicable, the Applicant has carefully reviewed the prior application form to ensure that the Insurer has been provided with updated information. The undersigned certifies that the answers are true, correct and complete to the best of his/her knowledge.

**FRAUD NOTICES:** Prior to signing this application/proposal form, review the following statutory fraud notices as they may apply to the applicant's place of domicile.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, NE, OH, OK, OR, VT.) In DC, LA, ME, TN and VA, insurance benefits may also be denied.)

**COLORADO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**HAWAII:** FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT OR BOTH.

**OHIO:** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

By: \_\_\_\_\_ Date: \_\_\_\_\_  
**Authorized Representative**

Title: \_\_\_\_\_

FOR OFFICE USE ONLY:

Licensed Agent or Broker: \_\_\_\_\_ License Number: \_\_\_\_\_

Coverage cannot be issued unless the application is properly signed and dated.

If you want to learn more about the compensation Zurich pays agents and brokers visit:  
<http://www.zurichproducercompensation.com> or call the following toll-free number:  
(866) 903-1192. This Notice is provided on behalf of Zurich American Insurance Company and its underwriting subsidiaries.