January ____________

Parish Name and #:___________________________________________

INSURANCE QUESTIONNAIRE

1. Does your parish/agency/school administer or provide any services that can be construed as medical in nature?    ____Yes    ____No

   (example: Visiting Nurses, Blood testing, etc.)

   If yes, please give a brief explanation:

                                                  ____________________________
                                                  ____________________________
                                                  ____________________________

   Who provides these services and what are their qualifications?

                                                  ____________________________
                                                  ____________________________
                                                  ____________________________
                                                  ____________________________

   Are they staff or volunteer? ____________________________

2. If you sponsor trips or special activities for youth groups, seniors or other groups, what types of activities do you sponsor? (Note: Travel accident coverage on Insurance page – www.archindy.org/finance)

                                                  ____________________________
                                                  ____________________________
                                                  ____________________________
                                                  ____________________________

3. Do you have any trampolines?    ____Yes    ____No

4. Do you sponsor or conduct any activity that could pose a liability risk to the parish or archdiocese that you think might be outside of the ordinary?    ____yes    ____no

   If yes, please explain briefly:

                                                  ____________________________
                                                  ____________________________
                                                  ____________________________
                                                  ____________________________

Over →
5. Do you presently have a Child or Adult Day Care Center at your facility?
    _______yes _______no     If yes, the number of children (or adults), on average.

6. Do you presently own a house that’s being used as a rental property for extra income?
    _______yes _______no

   If yes, please list the property addresses that you collect monthly rent payments from.
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

7. Do you request (and send a copy to us) certificates of insurance for any groups or individuals that rent or use your properties? _______yes______No

8. Does your parish have a cemetery? _______Yes _______No

   If yes, how many burials did you have in this past year? _________________

9. Are there any changes planned for the parish, i.e. new buildings, or removal of buildings?

   Name of person submitting this questionnaire:_______________________________

   Phone #: (     )_____________________________________________________

   Email Address:_____________________________________________________

RETURN THIS FORM AS SOON AS POSSIBLE TO:

   R.C. Archdiocese of Indianapolis
   Office of Management Services
   1400 N. Meridian St.
   Indianapolis, IN 46202

   OR:   Email: mwitka@archindy.org