



INSURANCE QUESTIONNAIRE & ASSESSMENT

PLEASE LIST SEPARATELY ALL INSURED FACILITIES

AND NON-INSURED FACILITIES

Please type or write legibly. Thank you.

A. FOR OWNED PROPERTIES

1. List the name and contact information of the Diocese Bishop.

a. Diocese Name:

b. Diocese Bishop:

2. Pastor Contact Information

a. Pastor Name (with Title):

b. Pastor's Contact Information:

Phone Number: _____

Email Address: _____

3. Name & Address of Church:

a. Name of the Church: _____

b. Address of the Church: _____

City: _____ **State:** _____ **Zip Code:** _____

c. Phone Number: _____

4. Is the **facility insured** (YES OR NO)?

5. Is the facility insured for **replacement cost value with a deductible** OR **coinsurance value with a deductible** ?

6. **INSURER (Insurance Company):**

a. **Name:** _____

b. **Address:** _____

City: _____ **State:** _____ **Zip Code:** _____

c. **Phone Number:** _____

7. **INSURANCE AGENT:**

a. **Name:** _____

b. **Address:** _____

City: _____ **State:** _____ **Zip Code:** _____

c. **Phone Number:** _____

8. Is the name of the **National church** and its address (The House of God Church Keith Dominion, 2714 Scovel Street, Nashville, TN 37208) listed on the policy page as an **additional insured?** (YES OR NO)

9. What is the date of the **next insurance renewal?** _____

10. What is the **condition of the church:**

Poor Good Excellent

11. Have **ANY claims** been reported to your agent or carrier in the last 5 years?

NO YES If YES, please explain:

12. When was the **facility built**? _____

13. What is the **construction type** of the facility?

- a. Masonry/Brick
- b. Wood/Brick Stucco
- c. Steel Frame
- d. Fabricated
- e. Other: _____

14. How old is the **roof**? _____

If it is new, when was it replaced? _____

15. How old is the **HVAC system**? _____

If it is new, when was it replaced? _____

16. How old is the **main electrical breaker power panel**? _____

If it is new, when was it replaced? _____

17. Is the electrical panel a fuse box? (YES OR NO)

If YES, please explain: _____

18. Is there a **parsonage or an additional structure** aligned with the church facility?

(YES OR NO) , If YES, please SPECIFY: _____

19. Does the church have an **alarm system**? (YES OR NO)

If YES, is it centrally monitored? (YES OR NO)

20. Does the facility have **motion sensors**? (YES OR NO)

Night illumination on timers? (YES OR NO)

21. Any unique or special **window panels** or **designs**? (YES OR NO)

22. Is there **food preparation or cooking** on the premises? (YES OR NO)

If YES: Is the cooking surface protected by a grease or fire suppressant system?

(YES OR NO)

23. Does the church facility utilize **transportation** for members' travels to and from church?

(YES OR NO)

If YES, please provide **vehicle information** and **photos** of the vehicle's sides, back, front, and inside.

YEAR: _____ Make: _____ Model: _____

PHOTOS REQUESTED:

Please submit **clear, color** photos of the **church facility**, inside and out, including the **parking lot** and **sidewalks** around and leading to the church, the **roof line, soffits, gutters, and downspouts**.

GENERAL LIABILITY COVERAGE AND PERSONAL PROPERTY COVERAGE:

ALL **LEASED, RENTED, OR OCCUPIED** SPACES MUST HAVE GENERAL LIABILITY COVERAGE AND PERSONAL PROPERTY COVERAGE.

THINGS TO REMEMBER AND RESOLVE TO DO:

1. Diocese Bishops must conduct an **annual review** of the insurance coverage for each church in the Diocese and **submit a compliance/noncompliance certification** with their General Assembly package.
2. The Diocese Bishop must identify and select an individual with risk management follow-through and compliance responsibility for the diocese to assist the Bishop with compliance.
3. Bishop Lucas is available for technical assistance and/or consultation.