

Insured Name: Trinity Lutheran Church
 Address: _____
 City, State, ZIP: _____

Corporate ID: _____
 Policy Number: 1433116

Commercial Sexual Misconduct Coverage Renewal Questionnaire
(To be completed if your current policy has sexual misconduct liability coverage)

Please answer the following questions with the understanding that a minor is any child or youth under the age of 18.

1. Does your organization have a formal written policy that includes procedures designed to prevent acts of sexual misconduct? Yes No
 - a. If no, would you be willing to implement a policy that includes employee and volunteer screening, risk management, and claims response programs if the materials for setting this up were provided to you? Yes No
2. Do you conduct a minimum of two reference checks on all employees and volunteers? Reference checks should be institutional in nature (organizations where the applicant worked or volunteered with minors in the past) e.g. other churches, scouts, etc. For purposes of this question, a volunteer is anyone involved in a Daycare or School, or overnight activity involving minors, counseling of minors, or one-on-one mentoring of minors. Yes No
3.
 - a. Church: Do you require that all volunteers involved in overnight activities with minors, counseling of minors, or one-on-one mentoring or minors, be involved with your organization at least six months before they are allowed to work in these positions? Yes No
 - b. School/Preschool: Do you require a six-month waiting period for all volunteers in contact with minors other than school teacher/teacher's aides and parent helpers? Yes No
4. Do you require that no minor is ever alone with only one adult on church premises or in any church-sponsored activity unless in a counseling situation? Yes No
5. Do you have a written response program in the event that a sexual misconduct incident occurs? Yes No
6. Do you conduct national criminal background checks on all employees? Yes No
7. Do you conduct nationwide criminal background checks on all volunteers involved in a nursery or school, or any overnight activity involving minors, counseling of minors, or one-on-one mentoring of minors? Yes No None

By signing below, the authorized representative acknowledges that the foregoing disclosures and representations are deemed to be material and that GuideOne Insurance is relying upon the accuracy and completeness of said disclosures and representations.

 Insured Signature

 Date

 Title or Position

Return the completed questionnaire either to your agent or email directly to commercial@guideone.com