

## Insurance Check-Up

*Please tell us about any changes that may have taken place to your buildings and property. In the last three years:*

1. Has your organization acquired any buildings or land?  
 Yes  No
2. Has your organization sold or demolished any of its buildings?  
 Yes  No
3. Has your organization made improvements or added on to any of its buildings?  
 Yes  No
4. Has your organization installed fire alarm systems, burglar alarm systems, or sprinklers in any of its buildings?  
 Yes  No
5. Has your organization acquired any personal property items valued at \$5,000 or more?  
 Yes  No

*Please tell us about your staff and volunteers.*

6. How many people does your organization employ? Full Time \_\_\_\_\_ Part Time \_\_\_\_\_
7. Have you made any significant changes to your employment contracts and/or the employee handbook?  
 Yes  No  We don't use them
8. How do you screen your employees before they are permitted to engage in ministry activities?  
 Personal interview  Written Application  Criminal Background Check  We don't screen
9. How do you screen your volunteers before they are permitted to engage in ministry activities?  
 Personal interview  Written Application  Criminal Background Check  We don't screen
10. I would like my agent to provide me with more information about background screening.  
 Yes  No

*Please tell us about your ministry activities.*

11. Has your organization started any significant ministries or activities in the last three years?  
 Yes  No
12. Does your organization sponsor any programs or activities that could be considered unusual for an organization of that type and size?  
 Yes  No
13. Please mark any of the following activities that your ministry is engages in:  
 Foreign mission trips  Sports leagues  Skateboarding on your property  
 Domestic trips (More than 3 days)  Fireworks displays or sales  Major Construction/Demolition Project
14. Are you aware of any situation that has not been reported to Brotherhood Mutual that could result in a lawsuit against your organization?  
 Yes  No
15. How many vehicles does your organization own? \_\_\_\_\_
16. How many days each year does your organization rent vehicles?  
 Never  0 - 20  21 - 45  46 +

**Please return this form to your agent.**

*For agent use only:*

**This form cannot be used to change the Policy. A formal change request must be submitted.**

- Changes made - PCR to follow  No changes made

\_\_\_\_\_  
 Person Interviewed

\_\_\_\_\_  
 Title or Role Date

\_\_\_\_\_  
 E-mail

\_\_\_\_\_  
 Phone Number (Please Include Area Code)

\_\_\_\_\_  
 Agent

\_\_\_\_\_  
 Date