



Return Completed Form to:
Rockwood Programs, Inc.
 3001 Philadelphia Pike
 Claymont, DE 19703
 PHN: 800-558-8808 FAX: 302-765-6037
 www.rockwoodinsurance.com

Volunteer Church Security **GROUP QUESTIONNAIRE**

GENERAL INFORMATION

A Church Name _____
 Principal Street Address: _____
 City _____ State _____ Zip Code: _____
 Contact Name: _____ E-Mail: _____
 Telephone: _____ Fax: _____

B Does the Church hold services at any other location? Yes No
 If "Yes", provide addresses below. Include additional sheets if needed

INFORMATION ABOUT THE CHURCH

A Denomination: _____

B How many members are in the Congregation? _____

C How often are services held? Note time slots in the chart provided below.

Day of Week	Time	Time	Time	Time	Time
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

E Does the Church have General Liability insurance in place? Yes No
 If "Yes", provide the following:

CARRIER NAME	LIMIT	DEDUCTIBLE	EFFECTIVE DATE

F Has the Church had any liability losses in the past five years? Yes No
 If "Yes", provide details on a separate sheet

INFORMATION ABOUT THE VOLUNTEER SECURITY TEAM

- A** How many members are in the volunteer Church security team? _____
- B** How are potential volunteers recruited? _____
- C** Do security team members carry firearms during Church Services? Yes No
If "Yes" does the Church confirm members are legally authorized to possess/carry a firearm? Yes No
- D** Are background checks done on all security team members? Yes No
- E** Are security team members required to (check all that apply):
 Be former/current law enforcement officers Be former/current military personnel
 Have prior experience in the security field Undergo training in the use of firearms, crowd control, etc.
- F** Does the Church have a committee dedicated to security matters? Yes No
If "Yes":
1. Do any members have law enforcement or military experience? Yes No
2. Were the committee's security plans developed with assistance from qualified outside vendors (Serving Watchmen, Sheep Dogs, Strategos, etc.)? Yes No
- G** Provide the names of the individual volunteer Church security team members using the roster form. This list will need to be updated quarterly as a condition of continued coverage.

THE APPLICANT WARRANTS THAT THE STATEMENTS AND RESPONSES TO THE QUESTIONS ON THIS APPLICATION ARE TRUE AND COMPLETE. THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY, NOR DOES IT OBLIGATE THE COMPANY TO ISSUE A POLICY. SUCH POLICY MAY BE CANCELLED BY THE COMPANY FROM INCEPTION UPON DISCOVERY THAT THE POLICY WAS OBTAINED THROUGH A FRAUDULENT STATEMENT, OMISSION, OR CONCEALMENT OF THE FACTS MATERIAL TO THE ACCEPTANCE OF THE RISK OR HAZARD ASSUMED.

Signed by:

Applicant _____
Date

TO BE COMPLETED BY INSURANCE AGENT:

Agent Name: _____ E-Mail: _____
Telephone: _____ Fax: _____
Agency Name _____
Street Address: _____
City _____ State _____ Zip Code: _____