

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:

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INSURANCE QUESTIONNAIRE – continued.....

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