



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** What is the total number of the volunteer Church security team members? \_\_\_\_\_
- B** How many volunteers are assigned to each Church service? \_\_\_\_\_
- D** How are potential volunteers recruited? \_\_\_\_\_
- 
- E** 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
- F** Are background checks done on all security team members?  Yes  No
- G** 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.
- H** 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
- I** 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: \_\_\_\_\_