

THE EPISCOPAL CHURCH IN CONNECTICUT
2017-18 Renewal Information

Contact Name _____ Phone _____
 Church ID # (CT-____), Parish Name, City _____
 Fax _____ E-mail _____

Automobile Coverage

Do you have any owned or long-term lease automobiles? Yes___ No___

If Yes, please list:

Year	Make	Model	VIN	Garage Location	Cost New	Usage Type: (Transportation or Pers. Use)	Seating Capacity

Driver Information

Name	Date of Birth	License #	State

Locations owned and operated by your Parish

Please list your property locations including square footage.

<u>Loc #</u>	<u>Structure (Church, Rectory, etc)</u>	<u>Street</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>	<u>Square Feet</u>

Are all locations Sprinklered? Yes___ No___ If, No which locations are sprinklered?

Do all locations have a security alarm? Yes___ No___ If, No which locations are alarmed?

Do any locations have fire alarms? Which locations? _____

Do you own and/or lease any vacant land ? Yes___ No___

Property Values

Have any properties been bought, sold, renovated or had any major additions? Please describe, including change in value:

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Describe all Activities/Ministries/Sponsored Events and/or how your properties are used as follows (as best as possible): (MUST BE NOTED OR RISK OF COVERAGE EXCLUSION)

(i.e. Soup Kitchen, Schools, Child Care Centers, Sunday Schools, Counseling services, Yoga/Exercise Classes, Group homes, Fairs, Parades, Pony Rides, Fireworks, Events Lasting More Than 3 Days, Events Greater Than 500 People At Any One Time, Antique Shows, Events With Liquor Served, Assisted Living, or any Social/Human Service Programs you run or manage within your community, etc.)

<u>Location of Activity (Church, Parish Hall, Public Park, etc.)</u>	<u>Identify Activity</u>	<u>Est. # of Youth At Event</u>	<u>Age Range for children attending (if applicable)</u>	<u>Est. # of Adults At Event</u>	<u># of times Annually</u>

*Please use back of page, if necessary

Are any property locations leased to others? Yes _____ No _____ Square Feet _____
And if so, are Certificates of Insurance received? Yes _____ No _____

Do you have any swimming pools? Yes _____ No _____

MUST BE COMPLETED

Do you have a :	Nursery School/Day Care Center* Yes _____ No _____	Primary Secondary School Yes _____ No _____
If Yes, is it operated by the Parish?	Yes _____ No _____	Yes _____ No _____
If no, do you have a certificate of insurance from an independent contractor?	Yes _____ No _____	Yes _____ No _____
Are you in compliance with State licensing requirements?	Yes _____ No _____	Yes _____ No _____
Average # of Children enrolled		
Average age of Children enrolled		
Ratio of Children to Staff		
# of Teachers		
# of Days in Operation Annually		

*Excluding Sunday School

Do you have any Camp Exposure Yes _____ No _____ **Day or Overnight?** Day _____ Overnight _____
 Average # of Campers _____
 Average # of Days _____

Do you provide any foster care or adoption services? Yes _____ No _____
 If Yes, please explain in detail

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Do you have field trips? Yes___ No___ If yes, # per year:___

Are any overnight? Yes___ No___

Are release forms obtained from participants and/or guardians? Yes___ No___

Describe general types of field trips (Please list on reverse side or on separate sheet, if necessary)

Workers Compensation (include cash housing allowance in payroll.)

Payroll Information – Annual Estimates for 12/31/2017-2018 policy term (upcoming calendar year)

*It is recommended to confer with Treasurer/Parish Finance Director for these estimated figures.

<u>Job Description</u>	<u># Full-Time employees</u>	<u># Part-Time employees</u>	<u>Value of Board/Lodging</u> (This amount should be included in Total Gross Payroll column)	<u>Total Gross Payroll</u>
Clergy				
DayCare				
Organist				
Clerical (inc. Parish Admins.)				
Maintenance (Sexton)				
School Prof./Teachers/Aides				
School – Maintenance				
Camp				
Social Worker				
Bookstore				
Other – Please specify				

Parish Membership Attendance (Avg. Sunday) _____

(Refer to the Parish Parochial Report)

Volunteer Information

of Volunteers in contact with minors/seniors as follows:

<u>Volunteer Role</u>	<u>How Many</u>	<u>Sexual Misconduct Liability Training Required?</u> <u>YES OR NO (Must answer)</u>
Sunday School Teachers		
Childcare Workers		
Youth Group Leaders		
Musicians		
Lay Eucharistic Ministers		
Other (describe)		

Estimated Average # of volunteers during the course of the year, in addition to above:_____

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Professional Information (i.e. Nurses, Social Workers, Psychiatrists, Psychologists, Teachers, Therapists, etc)

Provide # of Full Time & # of Part Time individuals per Profession (Please list on reverse side or on separate sheet, if necessary)

<u>Profession</u>	<u># of Full Time</u>	<u># of Part Time</u>	<u>Tasks Performed</u>

Ministries to Seniors, Minors, and Vulnerable Persons

Child Count in Sunday Nursery: _____ (Avg. # per week)
 Sunday school Enrollment: (All grades) _____ (Avg. # of students per week)
 Youth Group(s) membership: _____ (Avg. # of participants annually)
 Clergy Shut-In visits per week (i.e. Home Visits): _____

(Include all vulnerable persons)

Foreign Church Sponsored trips: (MUST BE NOTED OR RISK OF COVERAGE EXCLUSION)

Number of Church Sponsored trips anticipated to be taken in the upcoming calendar year Outside of the US and Canada by employees _____ volunteers _____
 (For example: Each Chaperone/Team Leader/Volunteer traveling represents 1 trip. If 5 Chaperones etc. travel together, then this would be 5 trips. Please do not include all participants in group)

Provide the length, destination, purpose, # of employees and volunteers in the table below:

<u>Length/# of days</u>	<u>Destination</u>	<u>Purpose</u>	<u># of employees traveling</u>	<u># of volunteers traveling</u>

Compliance with Diocesan Sexual Misconduct Liability Procedures

Is your Parish/Day Care/Office in compliance with the Diocesan Manual for Sexual Misconduct, Prevention, Procedures and Resources? Yes _____ No _____

If no, what is being done?

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Cyber

Estimated Total Number of Records you collect/store/process either electronically or in paper form?

Note: A paper/printed copy of a record which is also stored electronically should not be counted twice.

For Credit/Debit card, include the annual number of card transactions. **(Please check Applicable Box)**

Under 500 Records	500-1000 Records	1000-5000 Records	5000+ Records

Type of Personal Information Collected/Stored/Processed? Please Check All That Apply)

Social Security #s	Medical/Healthcare	Credit/Debit Card	Banking Info	Other: _____

Is this personal information of employees only? Yes _____ No _____

Do employees have laptops? Yes _____ No _____

If you have laptops, are they encrypted (password protected)? Yes _____ No _____

PLEASE RETURN BY EMAIL (PREFERRED), FAX OR MAIL TO THE ADDRESS BELOW BY SEPTEMBER 12, 2017.

Signature _____ Date _____

**Willis Towers Watson
 Three Copley Place, Suite 300
 Boston, MA 02116**

Fax: 617-351-7430

Timothy Lilley – phone: 617-351-7479/email: timothy.lilley@willistowerswatson.com

Suzanne Hurlburt – phone: 617-351-7488/email: Suzanne.Hurlburt@WillisTowersWatson.com

Deirdre Maloney – phone: 617-351-7433/email: deirdre.maloney@willistowerswatson.com