

Account Number _____

Date _____

Named Insured _____

City/State _____

Health Ministries - Risk Management Survey

1. Type of health ministry provided by the church

- Parish Nurse - RN With Parish Nurse Training Completed
 Church Nurse - RN or LPN Without Parish Nurse Specialized Training Completed but Providing a Service to the Church
 Health Minister - Lay Person Coordinating the Distribution of Health and Wellness Information

****NOTE:** The parish nurse and church nurse health ministries require General Liability Code 11188 for each program and attaching Form A 511, Incidental Medical Services Professional Liability Coverage. Also Charge Class Code 80964 for each RN and class Code 80963 for each LPN.

The Health Minister Program only requires General Liability Code 11188 for each program and attaching Form A 230, Exclusion - Designated Professional Services.

Health ministries should NOT:

Dispense medication

Do invasive procedures

Take the place of or compete with the community nurse or the home health care nurse

Charge a fee

2. The nurse is a:

- Employee Contracted
 Volunteer
 Other _____

3. Does the church have a job description for the nurse or lay person?

- Yes No

If yes, attach a copy:

If no, the following organization may provide information on developing a job description:

International Parish Nurse Resource Center at:
Deaconess Parish Nurse Ministries
475 East Lockwood Avenue
St. Louis, MO 63119
Telephone Number: (314)918-2559
Fax Number: (314)918-2558
Website: www.advocatehealth.com/system/about/community/faith/mvp.html

4. The parish nurse and/or church nurse professional license information:

Name: _____

State: _____

Professional designation: _____

Expiration date: _____

- Current Retired
 Expired Suspended
 Other, explain: _____

5. Does the parish nurse or church nurse have personal professional liability insurance in force?

- Yes No If no, REFER TO HOME OFFICE UNDERWRITING

6a. Healthcare ministry activities generally involve the use of nonowned or hired automobiles. Does the parish nurse/church nurse/health minister have:

Valid driver's license?

- Yes No

State: _____ Driver's license number: _____

6b. Personal automobile insurance in force?

Yes No

6c. Number of violations in the past three years? _____

Number of accidents in the past three years? _____

6d. Is hired/nonowned automobile liability on the church's commercial multi-peril policy?

Yes No If no, coverage must be added

7a. Indicate which background checks are completed:

Prior Employment Prior Education
 Credit and Criminal References Contacted
 Other, describe: _____

****NOTE:** The Church Mutual website, www.churchmutual.com, has a link to an employee/volunteer screening service for policyholders.

7b. Has the parish nurse/church nurse/health minister ever been convicted of a felony?

Yes No If yes, explain: _____

7c. Has the parish nurse/church nurse/health minister ever had any disciplinary action taken for:

Drug/Substance Abuse Alcohol Abuse
 Yes No Yes No

Abuse/Neglect Sexual Molestation or Misconduct
 Yes No Yes No

8. Does the congregation have a policy regarding the confidentiality of information from your health ministry?

Yes No If yes, explain: _____

DO NOT BIND - REFER TO UNDERWRITING