

Sexual Misconduct

The former Personnel Committee asked me to keep the record of the signed Attachments A&B of our Sexual Misconduct Policy (SMP). The record that I have is attached.

The SMP applies as follows:

“C. APPLICATION

This policy and procedure of the Presbytery of Yellowstone applies to all continuing members of Presbytery teaching elders, all persons on other rolls of Presbytery (commissioned ruling elders, commissioned church workers, certified Christian educators, inquirers and candidates), all employees of Yellowstone Presbytery (whether ordained to church office or not), and all who function on behalf of the presbytery as volunteers. Teaching Elders or lay leaders serving churches in a pastoral capacity who are not a minister, elder or member of the PC (USA) will be required, prior to admission into a relationship with a member congregation of the Presbytery, to sign attachment A & B thereby agreeing to abide by the standards of conduct set forth in this document and agree to a criminal background check.

Should charges be made against a teaching elder or lay leader serving a member church of the Presbytery of Yellowstone who is not a member of the PC (USA), the Presbytery will immediately contact the appropriate governing body of that person's denomination and work with that governing body concerning investigation and resolution of the alleged incident. If the accused teaching elder or lay leader does not have a denominational affiliation, he/she will be required to sign attachments A & B thereby agreeing to abide by the standards of conduct set forth in this document and, should charges be made against them, to accept the decision regarding their ministry within the member congregation made by the Presbytery's Permanent Judicial Committee, investigative committee or other entity of the Presbytery concerning the allegation of sexual misconduct”.

To date I have not received any signed Attachments A from a number of people covered by our policy. I focus on Attachment A since Attachment B is most appropriate for new members and employees.

On May 6, 2014 the Leadership Cabinet (LC) voted to increase the amount of insurance coverage for sexual misconduct. I called Ray Pryor, our agent for Guide One Insurance, and asked him to increase our sexual misconduct insurance according to the vote of the LC. Ray sent me the attached questionnaire which he needed in order to increase our insurance coverage.

I am hesitant to answer questions 2,3 and 4 (second set of questions) in a positive manner because of our lack of following our policy. However, I am willing to answer them positively if there is assurance that we will get on track with following our policy. Also, I need to respond to question 9 before filing the questionnaire.

Not following our policy has, I believe, some consequences. First, if we were sued the lack of following our policy might put us in a poor defensive position. Second, since our insurance coverage is contingent on following our policy there could be some financial consequences.

Sexual Misconduct Statements

Statement Log

Name	Date Signed
Andrew, David	
Bell, James	6/14/2013
Bell, Priscilla	6/14/2013
Bell, Jack	
Barnes, Susan	
Cauffman, Jed	
Cannon, Paul	11/8/2013
Collins, Jerry	
Davis, Dick	11/11/2013
Davis, Mary	11/11/2013
Dyce, John	
Ennis, Susan	11/6/2013
Funke, Debbie	6/15/2013
Goodrich, George	1/17/2014
Goodrich, Kathy	6/14/2013
Hallin, Sheryl	
Hanson, Ron	6/15/2013
Harada, Jeff	
Johnson, Doug	2/21/2014
Johnson, Jean	6/13/2013
Kendall, Teresa	2/21/2014
Kemmesat, Dolores	6/14/2013
Kidd, Jim	
Kochner, Curt	6/14/2013
Krebill, Dan	2/22/2014
Larson, Veva	6/14/2013
Long, Brent	7/20/2013
McKay, Editha	6/15/2013
McDevitt, Jody	2/22/2014
McLean, Cathy	6/14/2013
Moring, Tom	
Ralston, Sally	6/14/2013
Rathbun, Leon	2/10/2014
Rathbun, Neva	11/9/2013
Rounds, Harlan	11/8/2013
Russell, Aline	2/16/2014
Seibert, Susan	
Shy, Robert Jr.	

Thomas, Susan
Thompson, David
Woeste, Kim
Camp Staff
Retired Pastors

6/15/2013

6/22/2013



Agent Instructions: Complete this box when using this page as a "supplemental" application
 Policy No. _____ Name Insured _____
 Effective Date _____ Agent # _____

Sexual Misconduct Liability

Limits of Insurance Occ/Agg	Occ/Agg
<input type="checkbox"/> \$25,000/\$50,000	<input type="checkbox"/> \$250,000/\$500,000
<input type="checkbox"/> \$50,000/\$100,000	<input type="checkbox"/> \$500,000/\$1,000,000*
<input type="checkbox"/> \$100,000/\$300,000	<input type="checkbox"/> \$1,000,000/\$3,000,000*
<input type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made	
* This coverage is non-binding.	

Claims-made Coverage

1. Retroactive Date: _____ (mm/dd/yyyy) +++
2. Are there any interruptions of claims-made coverage from the proposed retroactive date? Yes No
If "yes," submit written details including the dates of such interruptions.
3. Are any claims pending of which you or any ++authorized person are aware? Yes No If "yes," submit a detailed explanation.
4. Are there any incidents or circumstances known to you or any ++authorized person, that have not yet been reported to the prior carrier, and for which there is a reason to believe that such incident or circumstance may give rise to a future claim under the proposed coverage? Yes No If "yes," submit a detailed explanation.

+++ Retro dates on claims-made Sexual Misconduct coverage will match the policy effective date. Refer requests for a retro date prior to the policy effective date to the underwriter for review.

IF COVERAGE IS DESIRED, THE SUPPLEMENTAL SEXUAL MISCONDUCT QUESTIONNAIRE MUST BE COMPLETED AND SIGNED, OTHERWISE THE POLICY WILL BE ISSUED WITHOUT MISCONDUCT COVERAGE.

1. Does your organization have a formal written policy that includes procedures designed to prevent acts of sexual misconduct?
 Yes No
 - If yes, does your policy include a procedure in which you ask employees and volunteers if they have ever been accused of, participated in, or been convicted of sexual misconduct? Yes No
 - If no, would you be willing to implement a policy that includes employee/volunteer screening, risk management and claims response programs if the materials for setting this up were provided to you? Yes No
2. Are all employees, and those volunteers involved with any activity involving a minor (anyone under the age of 18), required to sign a release from which you keep on file that allows you to request a criminal background check? Yes No
3. Do you conduct criminal background and reference checks on employees and volunteers? Yes No
 - If yes, **check all that apply for employees and all that apply for volunteers.** For purposes of this question, a volunteer is anyone involved in a Day Care or School, or overnight activity involving minors, counseling of minors, or one-on-one mentoring of minors.

For employees we conduct:

Nationwide criminal background checks on ALL employees

Reference checks* on ALL employees

No criminal background checks on employees

No reference checks* on employees

Other _____

For volunteers we conduct:

Nationwide criminal background checks

Statewide criminal or statewide sexual offender background checks

Reference checks* on volunteers

No criminal background checks on volunteers

No reference checks* on volunteers

Other _____

* The reference check includes contacting, at a minimum, two organizations in which the applicant has worked with minors in the past e.g. other churches, scouts, etc.

4. Do you require that all volunteer be involved with your organization for at least six months before they are allowed in any position involving contact with minors? Yes No
5. Do you require that no minor is ever alone with only one adult on church premises or in any church-sponsored activity unless in a counseling situation. Yes No
6. Do you have a written response program in the event that a sexual misconduct event occurs? Yes No
7. Have you or any of your representatives ever submitted a claim for sexual misconduct liability to any insurer? If "yes," submit a detailed written explanation of the event. Yes No
8. Have any of your past or present ministers, employees, or volunteers ever been accused, charged, convicted, had a claim for damages submitted against, or sued in civil court for any type of sexual misconduct? If "yes," identify the person and submit a detailed written account. Yes No
9. Have you or any of your representatives ever received a complaint alleging sexual misconduct against any of your ministers, employees, or a volunteer, even if no claim was ever submitted. If "yes," submit a detailed written explanation. Yes No
10. Have you or any of your representatives ever received a report, or investigated any event of alleged sexual misconduct against any of your ministers, employees, or volunteers, even if no claim was ever submitted? Yes No If "yes," submit a detailed written account.
11. Do you or any of your representatives have any investigation or inquiry pending at the time of this application, or knowledge of any information which may lead to an investigation or inquiry, regarding an event or occurrence of sexual misconduct involving you, or your officers, directors, trustees, elders, ministers, employees, or volunteers? Yes No If "yes," submit a detailed written explanation.

Sexual Misconduct Liability (continued)

12. Has your insurance agent explained the GuideOne requirements for carrying Sexual Misconduct coverage at these limits and, if you are not currently in compliance, will you be working on a written plan that will incorporate all of the requirements so that they can be implemented within the next 6 months? (GuideOne may require a copy of your written plan for their file. Failure to provide evidence of compliance will result in a reduction in Sexual Misconduct coverage). Yes No

THE APPLICANT ACKNOWLEDGES THAT THE FOREGOING DISCLOSURES AND REPRESENTATIONS ARE DEEMED TO BE MATERIAL, AND THAT GUIDEONE INSURANCE IS RELYING UPON THE ACCURACY AND COMPLETENESS OF SAID DISCLOSURES AND REPRESENTATIONS IN REACHING A DECISION TO ISSUE SEXUAL MISCONDUCT LIABILITY COVERAGE TO THE APPLICANT. THIS SUPPLEMENTAL APPLICATION IMPOSES AN AFFIRMATIVE DUTY TO MAKE FULL AND FAIR DISCLOSURES UPON THE APPLICANT. THE INSURED IS OBLIGATED TO REPORT ANY CHANGES IN ANY OF THE FOREGOING RESPONSES TO THE COMPANY.

Authorized Person ++
Print name and title or position e.g. Pastor or Board Member
Date
++Authorized person means any employee that is elected, appointed or authorized to give or receive notice of a claim, offense, incident, or circumstance.