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 Organization Name \_\_\_\_\_

# Creating a Risk Management Plan Checklist

	Yes	Needs Attention
1. Do you have the right insurance policies and limits to cover the amount of risk you've identified?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you discussed increasing your insurance deductible in order to reduce insurance costs? (This would mean absorbing additional costs if a claim occurs in order to reduce your insurance premium.)	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you use agreements that can help transfer some costs associated with risk to others (e.g., participants in youth outings sign liability release forms and contractors provide certificates of insurance)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Can your current budget accommodate needed changes like additional insurance coverage, building or vehicle maintenance, or additional alarm, security, or screening tools?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you communicate your risk management plan to staff, volunteers, and participants in your ministry?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you made necessary changes to your building and/or vehicles?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you purchased and installed additional alarm, security, or screening tools?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you made necessary improvements to your ministry's operating procedures?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you train staff and volunteers when you have changes?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you define ways to establish accountability for your new operating procedures?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you assess how well the plan works?	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you evaluate whether staff and volunteers are appropriately performing their roles?	<input type="checkbox"/>	<input type="checkbox"/>
13. Do you obtain feedback from staff, volunteers, and others about your new risk management plan?	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you have plans in place to evaluate your risk management procedures on a regular basis and make adjustments as needed?	<input type="checkbox"/>	<input type="checkbox"/>

Notes: \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

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