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Email to: [CPS-submissions@nsminc.com](mailto:CPS-submissions@nsminc.com)

### **Church Renewal Questionnaire**

Business Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Address (City/State/ZIP): \_\_\_\_\_

Website: \_\_\_\_\_ Phone # & Contact Name: \_\_\_\_\_

#### **INSURANCE AGENT INFORMATION**

Agency Name: \_\_\_\_\_ City/State: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Tel#: \_\_\_\_\_ Email: \_\_\_\_\_

For Profit

Non Profit

#### **GENERAL INFORMATION**

FEIN: \_\_\_\_\_ Number of Members: \_\_\_\_\_ Annual Pledges: \_\_\_\_\_

Total # of Clergy: \_\_\_\_\_ Total # of Employees: \_\_\_\_\_ Total # of Volunteers: \_\_\_\_\_

Number of Students: Pre-K to 8th: \_\_\_\_\_ 9th-12<sup>th</sup>: \_\_\_\_\_ Post High: \_\_\_\_\_  N/A

Day Care: Number of Children: \_\_\_\_\_  N/A

After school program that enrolls children not attending the school?  Yes  No

If Yes, # of non-school children: \_\_\_\_\_

#### **HIRED/NON-OWNED AUTO** N/A

1. Do you hire vehicles?  Yes  No
  - a. If yes, what types: \_\_\_\_\_
  - b. Annual # of vehicles hired: \_\_\_\_\_
  - c. Annual cost of hire: \_\_\_\_\_

2. How many employees/volunteers drive personal vehicles for business use?
  - a. Regularly: \_\_\_\_\_
  - b. Occasionally: \_\_\_\_\_

**CAMPS**       N/A

1. Camps:

- a. Is the camp held on premises?     Yes    No
- b. Day Camp:                                Number of Days: \_\_\_\_\_ Number of Campers: \_\_\_\_\_  N/A
- c. Overnight Camps/Lockins:    Number of Days: \_\_\_\_\_ Number of Campers: \_\_\_\_\_  N/A

**ATHLETICS**       N/A

1. Have you added any new sports programs in the past 12 months?     Yes    No                                If Yes, please list:

\_\_\_\_\_

**PROFESSIONAL LIABILITY**       N/A

Title	Employees		Volunteers	Contractors	Interns
	FT	PT			
Administration					
Clergy					
Counselors					
Nurses					
Clerical					
Teachers					
Other: _____					

**CHANGES**       N/A

1. Please describe any changes in your operations (e.g., Programs administered, services provided, etc.) in the past 12 months: \_\_\_\_\_

\_\_\_\_\_

2. I have reviewed the expiring policy and subsequent endorsements, if any.

- Please QUOTE per the expiring policy
- Please QUOTE with the following changes: \_\_\_\_\_

\_\_\_\_\_

_____ (Insured's Signature)	Date: _____ /	_____ (Agent's Signature)	Date: _____
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