



Care Providers
Insurance Services

1911 N. Dallas Parkway, Suite 250
Dallas, TX 75287

Tel: 800-761-7072 Fax: 800-224-7145

Email to: CPSsubmissions@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-12th: _____ 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:
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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: _____
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2. I have reviewed the expiring policy and subsequent endorsements, if any.
- Please QUOTE per the expiring policy
 - Please QUOTE with the following changes: _____
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_____ Date: _____ / _____ Date: _____ (Insured's Signature) (Agent's Signature)
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