



**Church Insurance (Package and Liability Only) Questionnaire**

1. Proposed Effective Date: \_\_\_\_\_
2. Legal name of Church: \_\_\_\_\_
3. Church Name \_\_\_\_\_
4. Denomination: \_\_\_\_\_
5. Type of Business: \_\_\_\_\_
6. Additional Business (Please list all income generating businesses, i.e. school/day care):  
\_\_\_\_\_
7. FEIN#: \_\_\_\_\_ Year Church Founded: \_\_\_\_\_
8. Average Weekly Attendance: \_\_\_\_\_
9. Tel#: \_\_\_\_\_ Fax#: \_\_\_\_\_
10. Website: \_\_\_\_\_ Email Address: \_\_\_\_\_
11. Physical Address: \_\_\_\_\_
12. Mailing Address (if different from physical address): \_\_\_\_\_
13. # of Locations: \_\_\_\_ Function (list all operations): \_\_\_\_\_  
**Note: If more than 1 loc, please complete #11 to 21 for each location on a separate sheet of paper)**
14. Total Building Area: \_\_\_\_\_sq. ft. The Area you occupy: \_\_\_\_\_sq. ft.
15. Year Building Built: \_\_\_\_\_
16. If building is older than 1995, provide year last updated for each category below:  
Electrical \_\_\_\_\_ Heating \_\_\_\_\_ Plumbing \_\_\_\_\_ Roof \_\_\_\_\_
17. Building Construction Type (e.g. Frame, joisted masonry, etc.): \_\_\_\_\_
18. Number of Stories: \_\_\_\_\_
19. What business/home/land/street is next to your office/building?  
Front \_\_\_\_\_ Right \_\_\_\_\_ Left \_\_\_\_\_ Rear \_\_\_\_\_
20. Burglar Alarm Type: local \_\_\_\_ central station \_\_\_\_ Certificate #: \_\_\_\_\_
21. Fire Protection Type (e.g. sprinklers, fire alarm): \_\_\_\_\_
22. Annual payroll: \$ \_\_\_\_\_ # of Employees: \_\_\_\_\_
23. Annual gross sales/income per location: \$ \_\_\_\_\_
24. Prior Insurance; if none, please write none:

Insurance Company	Policy Number	Effective Date	Premium	# of Loss

25. Has your insurance been cancelled or non-renewed in the last 3 years: \_\_\_\_\_
26. If yes, explain: \_\_\_\_\_
27. General Liability Limits desired: \$ \_\_\_\_\_ (Usually \$1M per occurrence/\$2M aggregate)
28. Director and Officer Limit desired: \$ \_\_\_\_\_ Asset Size: \_\_\_\_\_; retro date: \_\_\_\_\_
29. Sexual Misconduct Limit desired: \$ \_\_\_\_\_ Please send written Child Safety Policy if avail.
30. Counselors Liability Limit desired: \$ \_\_\_\_\_ Number of counselors Licensed \_\_\_\_ Non-licensed \_\_\_\_
31. Employment Practice Limit desired: \$ \_\_\_\_\_ Number of Employees: \_\_\_\_\_
32. Any additional interest that requires proof of insurance? (For example, landlord, building owner, clients)  
Landlord: \_\_\_\_ Loss payee: \_\_\_\_ Mortgage: \_\_\_\_ Other: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_

**Please answer the following if content or building needs to be insured:**

Business Personal Property Value \$ \_\_\_\_\_  
 For Special Valuable Items, please list description and value on a different page  
 Building Value (if owner of building): \$ \_\_\_\_\_

\_\_\_\_\_  
 Signature Title Date



### Church Workers' Compensation (WC) Insurance Questionnaire

Do you give out W2? Yes \_\_\_ No \_\_\_ If no, stop. You do not need WC insurance.

Proposed Effective Date: \_\_\_\_\_

**Location Information:**

Business Location	Physical Address	# of Stories	Building Construction Type
#1			
#2			
#3			

**Workers' Compensation Policy Information of the Current and Last Three Years:**

Insurance Company	Policy Number	Effective Date	Premium	# of Claims

Has insurance ever been cancelled or non-renewed in the past 3 years: Yes \_\_\_ No \_\_\_

If yes, why: \_\_\_\_\_

**Workers and Work Place Information:**

Location #	Payroll Classes or Work Description (e.g. 8810 for clerical)	Payroll Amount	Number of Employee	
			Full-time	Part-time

- Is there a written return to work program in operation? Yes \_\_\_ No \_\_\_
- Do written job descriptions exist that include janitorial, day care, lawn care, maintenance, or other manual duties and are employees trained in conjunction with their job description? Yes \_\_\_ No \_\_\_
- Employees travel out of US longer than 30 days? Yes \_\_\_ No \_\_\_
- Average tenure of full-time staff \_\_\_\_\_ (years) part-time staff: \_\_\_\_\_ (years)
- Check the payroll exposures that apply to your church?
  - Auto travel \_\_\_ Auto repair \_\_\_ Camps \_\_\_ Construction \_\_\_
  - Food services \_\_\_ School/day care \_\_\_ Sporting activities \_\_\_ Maintenance/lawn care \_\_\_
- Hours of Operation \_\_\_\_\_
- Health insurance provided to employees? \_\_\_\_\_
  - If yes, Name of health insurance company \_\_\_\_\_
  - What is the % of health insurance premium paid by employee? \_\_\_\_\_
  - How many % of employees participate? \_\_\_\_\_
- Paid sick leave? Yes \_\_\_ No \_\_\_
- Paid vacation? Yes \_\_\_ No \_\_\_
- Group transportation provided? Yes \_\_\_ No \_\_\_
- Employee starting hourly wage: \$ \_\_\_\_\_ Average hourly wage: \$ \_\_\_\_\_
- Number of employee over 60 \_\_\_\_\_ or less than 16 \_\_\_\_\_
- Are subcontractors used or any workers paid by 1099? Yes \_\_\_ No \_\_\_
  - (If yes, give % of work subcontracted) \_\_\_\_\_
- Written safety program in the church? Yes \_\_\_ No \_\_\_
- Maximum weight lifted manually: \_\_\_\_\_ lbs.
- How many vehicles does the church own? \_\_\_\_\_
  - What is the radius of travel? \_\_\_\_\_ and how often is the travel? \_\_\_\_\_
  - How many drivers? \_\_\_\_\_
  - Is MVR check at least annually? Yes \_\_\_ No \_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_