

INSURANCE SOLUTIONS CHURCH QUOTE SHEET

(We must have all this information completed in order to review and quote)

If there are any Day Cares or School Programs on premises please contact our office.

Agency Name _____

Named Insured _____ Individual ____ Partnership ____ Corp ____ LLC ____

Address _____ City _____ St _____ Zip _____

FEIN # or Social Security Number _____ Phone # _____

Contact Name _____ Email Address _____

Years in business _____ if new or no current coverages years of experience _____

Description of operations (If I this is a lessors risk need operations of tenant) _____

Renewal Date _____ Current Carrier _____ Target Premium _____

3 Year prior Losses (3 year company loss runs will be required in order to bind coverage) _____

Location Address: _____

(Please use separate Sheet for each Building)

Prot. Class _____ Const. Frame ____ J/M ____ Metal ____ Mas N/C ____

Ded. _____ G.L. Limit requested _____ Annual budget _____

Number of members _____ Do They own a cemetery _____ if yes need number of acres _____

Building Value _____ Sprinklered Yes ____ No ____

Contents Value _____ Square Footage _____ Central Alarm Yes ____ No ____

Year Built (If over 20 years old need to know year the following were updated): _____

Roof Update ____ Electrical Update _____ Plumbing update ____ HVAC Update _____

Employee Dishonesty Limit _____ Exterior Sign Limit _____

Exterior Glass Limit _____ Stain Glass Limit _____

Pastoral Counseling Yes ____ No ____ # Pastors _____

Directors & Officers Yes ____ No ____ # Directors _____

Sexual Abuse Coverage Yes ____ No ____ Limit of Liability _____

IN ORDER TO BIND COVERAGE WE WILL NEED THREE YEAR LOSS RUNS FROM CURRENT CARRIER (PLEASE ORDER THEM) AND SIGNED APPLICATIONS.