



Care Providers
Insurance Services

19111 N. Dallas Parkway, Suite 250
Dallas, TX 75287
Tel: 800-620-9314 Fax: 800-224-7145

Email to: CPS-submissions@nsminc.com

Church/Religious Institution Renewal Application

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:

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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