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Email to: CPS-submissions@nsminc.com

## **Church/Religious Institution Renewal Application**

Business Name:			Effective Date:		
Address (City/State/ZIP):					
Website:					
	INSURANCE	AGENT INFORMATION			
Agency Name:			City/State:		
Contact Person:	Tel#:		Email:		
	For Profit 🛚	Non Pro	ofit 🗆		
	GENER	AL INFORMATION			
EIN: Number of Members:		,	Annual Pledges:		
Total # of Clergy:	Total # of Employe	ees:	Total # of Voluntee	rs:	
Number of Students:	Pre-K to 8th: 9	th-12 <sup>th</sup> :	Post High:	□ N/A	
Day Care: Number o	of Children:			□ N/A	
After school program that If Yes, # of non-school of	at enrolls children not attending children:	the school?		☐ Yes ☐ No	
	HIRED/NON-OWI	NED AUTO	I/A		
1. Do you hire vehicles	? □ Yes □ No				
a. If yes, what	types:				
b. Annual # of v	vehicles hired:				
c. Annual cost	of hire:				
, , ,	es/volunteers drive personal ve	hicles for business use	?		
<ul><li>a. Regularly: _</li><li>b. Occasionally</li></ul>	•				
D. Occasionally	·				

		<u>CAMPS</u>	□ N/A					
1.	Camps:							
	•	remises? ☐ Yes ☐ No						
	b. Day Camp:							
	c. Overnight Camps/Loc	kins: Number of Days: _	Number of Campers:   N/A					
		ATHUETICS	□ N/A					
		<u>ATHLETICS</u>	□ N/A					
1.	Have you added any new sports programs in the past 12 months? $\Box$ Yes $\Box$ No $\Box$ If Yes, please list:							
	PROFESSIONAL LIABILITY   N/A							
	Title	Employees FT PT	Volunteers	Contractors	Interns			
	Administration	FT PT						
	Clergy							
	Counselors							
	Nurses							
	Clerical							
	Teachers							
	Other:							
		<u>Changes</u>	□ N/A					
1.	Please describe any changes i	n your operations (e.g., Pro	ograms administered	, services provided, e	tc.) in the past 12			
months:								
_								
2.	I have reviewed the expiring p	oolicy and subsequent endo	orsements, it any.					
☐ Please QUOTE per the expiring policy								
	☐ Please QUOTE with the f							
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		0	/ (Agent's Signatu	<b>-</b> .				
	e:							