

CHURCH INSURANCE QUOTE REQUEST

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

This is an editable form. However, you can not save information on this form in a pdf file. Once you complete the form, you are able to print a hard-copy or print to a pdf file. Once you have completed the form, you can submit it by fax or email. Fax: 336-344-7010 Email: bpoland@driespoland.com

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

Agency Name: Dries Poland Insurance

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.

By completing and submitting this form you agree that no coverage is bound and no policy is in effect until you are contacted by one of our representatives. All information submitted is held in the strictest confidence and is only gathered for the purposes of providing you an insurance quote. To provide the most accurate quote possible please complete all areas that apply. To provide accurate quotes, Dries Poland Insurance needs to share your information with our insurance carrier partners. By submitting this form, you agree that we will share your company's information with our partners, and you agree to be contacted by the insurance carrier if you purchase an insurance policy.

Notes: