

CHURCH QUOTE SHEET

Date _____ Church Name _____ Office # _____ FED # (must have) _____

Physical Address, City, State, ZIP _____ Mailing Address (if different than physical location address) _____

Primary Contact Name _____ Title (Role) _____ Cell/Phone # _____ eMail _____

Additional Contact Name _____ Title (Role) _____ Cell/Phone # _____ eMail _____

Additional Contact Name _____ Title (Role) _____ Cell/Phone # _____ eMail _____

IND ___ INC ___ LLC ___ NON ___ Affiliated/Sovereign _____ County _____ Years Business _____

NON-Profit _____ Revenue _____ Liability Limit \$100,000 ___ \$300,000 ___ \$500,000 ___ \$1mil ___

Crime _____ Professional _____ sexual abuse _____ D & O _____ Religious Expression _____

Number of Members: _____ Volunteers: _____ Board Members: _____ Pastors: _____ Employees FULL TIME: _____ PART TIME: _____

Fundraisers: _____

Prior Co: _____ Premium _____ **Loss Runs** _____

Building limit _____ Content limit _____ Deductible _____

Age building _____ **Updates:** Electrical _____ Plumbing _____ Roof _____ A/C heating _____

Electrical _____ Wiring type _____ Square footage _____ Construction type _____

stories _____ bottom sq ft _____ top sq ft _____

Fence A/C: _____ Fence Playground: _____ Photos _____ Diagram _____

Occupancy-Sanctuary/Gym/FellowshipHall/Garage/Daycare _____

Weekly daycare: Yes / No (If yes need daycare supplement) Play ground: Yes / No (if yes need photos)

Driver List: NOTE: Age 22-70, No CDL or Chauffeur. Has to take DDC Class for 15 Passenger Vans

NOTES: _____

