

Church House Insurance Quote Form

(If you do not know the answer, leave blank or N/A.)



CHURCH HOUSE
INSURANCE AGENCY
A Subsidiary of Roberson & Associates Insurance

Policyholder: (check one) Corporation Individual Joint Venture Partnership Other

Tax ID # _____ Name of Church: _____

Physical Address: _____

Mailing address if different: _____

Contact Name: _____

Telephone: _____ Fax: _____

Denomination: _____

When was this church founded? _____

Is the church building owned or rented by the church: (check one) Owned Rented

Is the church inside the city limits? Yes No

Operations other than house of worship: N/A School/Day Care Operation School

Coverage has been cancelled or declined in the last three years: Yes No

CLAIMS:

Please attach a copy of the company loss history for the past 3 policy years. We will need the report so if you do not have one, call current company and order one. Until then, please list all known claims here date and type of claim:

BUILDING:

Item	Building 1	Building 2	Building 3
Year Built:	_____	_____	_____
Age of roof:	_____	_____	_____
Electrical System			
Updated Or Serviced:	_____	_____	_____
AC/Heat System			
Updated Or Serviced:	_____	_____	_____
List alarm systems:	_____	_____	_____

Church location: Residential Area Commercial Area

Type of Heating: Gas Electric Forced Air Central? Yes No

List any renovations within the past few years. This info will help us get you the best pricing available:

List any mortgagee on the building: _____

of Employees: _____

Average weekly attendance: _____

Does the church have coverage now? Yes No

If not, how long has the church been without coverage? _____

Name of Prior Carrier: _____

Photo of buildings helpful but not necessary as we will come to the church. Please return form to **Steve Romine** by fax 501-326-6871, or email sromine@robersoninsurance.com. Thank you.