Care Providers
Insurance Services

Email to: CPS-submissions@novacore.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: _____

   _____

_____ Date: _____ / _____Date: _____
(Insured's Signature) (Agent's Signature)