



Care Providers
Insurance Services

19111 N. Dallas Parkway, Suite 250
Dallas, TX 75287
Tel: 800-620-9314 Fax: 800-224-7145

Email to: CPS-submissions@nsminc.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: _____

