Business Insurance Quote Questionnaire — Church & Non-Profit

Fill in what you know — leave blanks for anything you're unsure of. An agent will gladly help with the rest.

Contact Person

Coverages you want quoted

- ☐ Business Owners Policy (BOP)
- ☐ General Liability
- ☐ Commercial Property
- ☐ Commercial Auto
- ☐ Workers' Compensation
- ☐ Commercial Umbrella / Excess
- ☐ Professional Liability / E&O
- ☐ Inland Marine / Contractors Equipment
- ☐ Cyber Liability
- ☐ Surety & Bonds
- ☑ Church & Non-Profit

Your Name

Your Title / Role

Preferred Office

Email

Phone

Cell / Other Phone

Best Time to Reach You

Options: Morning · Midday · Afternoon · Any time

Contact for Inspections (if different)

About the Business

Legal Business Name

DBA / Trade Name (if any)

Type of Business Entity

Options: Sole proprietor / Individual · Partnership · LLC · Corporation · S Corporation · Non-profit / 501(c)(3) · Church / Religious organization · Joint venture · Trust / Estate · Other

FEIN (optional)

Year Business Started

Type of Business

Options: Contractor / Trades · Retail / Store · Restaurant / Food service · Office / Professional services · Medical / Healthcare · Manufacturing · Wholesale / Distribution · Auto service / Repair / Dealer · Trucking / Transportation · Real estate / Landlord · Hotel / Hospitality · Church / Religious · Non-profit / Social services · Farm / Agriculture · Other

Owners' Years of Experience in This Industry

NAICS / SIC Code (if known)

Business Phone

Website

Describe What Your Business Does

Addresses & Locations

Mailing Address

City

State

ZIP

Business locations

List every place you operate, store property, or have employees. Type "Same as mailing" if it is the same.

#	Street Address	City	State	ZIP	County	Own or Lease	What Is Done Here
1							
2							
3							
4							

Own or Lease: Own / Lease / Rent / Home-based

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Size of the Business

Estimated Annual Revenue (next 12 months)

Last Year's Revenue

Total Annual Payroll

Full-Time Employees

Part-Time Employees

Do you hire subcontractors or independent contractors? ☐ Yes ☐ No

Annual Cost of Subcontractors

Do You Collect Their Certificates of Insurance?
Options: Always · Sometimes · No

Is the business seasonal, or open only part of the year? ☐ Yes ☐ No — If yes, please explain

Current Insurance & Dates

Desired Effective Date

Current Policy Expiration

Current Insurance Company(s)

Current Total Annual Premium

Coverages You Have Now

Is this a new business, or has it gone without insurance? ☐ Yes ☐ No — If yes, please explain

Has any policy been cancelled, declined or non-renewed in the past 3 years? ☐ Yes ☐ No — If yes, please explain

Tip: attaching your current declarations pages at the end of this worksheet helps us compare coverages and get your quote back faster.

General Questions

Any bankruptcy, foreclosure, tax lien or judgment against the business or its owners in the past 5 years? ☐ Yes ☐ No — If yes, please explain

Do the owners have other businesses, subsidiaries or related companies? ☐ Yes ☐ No — If yes, please explain

Does the business store, use or haul hazardous materials (chemicals, fuel, explosives)? ☐ Yes ☐ No — If yes, please explain

Any operations, sales or employees outside of North Carolina? ☐ Yes ☐ No — If yes, please explain

Do you have a written safety program or safety meetings? ☐ Yes ☐ No

Has any owner or officer been convicted of arson, fraud or another insurance-related crime? ☐ Yes ☐ No — If yes, please explain

Claims & Loss History (past 5 years)

Any claims or losses in the past 5 years, on any type of business insurance? ☐ Yes ☐ No

#	Date	Type of Claim	What Happened	Amount Paid	Open / Closed
1					
2					
3					
4					

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Type of Claim: Property / General liability / Auto / Workers' comp / Professional / Cyber / Bond / Other • Open / Closed: Closed / Open

Loss runs (claims history reports from your current or prior insurance company) help underwriters review your account. You can attach them with this worksheet. If you don't have them, an agent can request them for you.

Loss runs attached?

Options: Yes · No · Will send later

Years of loss runs (e.g. 2021-2026)

Other Coverages You'd Like Quoted (optional)

Check any that interest you

☐ Employment Practices (EPLI) ☐ Directors & Officers (D&O) ☐ Crime / Employee Theft ☐ Liquor Liability ☐ Equipment Breakdown
☐ Builder's Risk ☐ Garage / Auto Dealers ☐ Flood ☐ Special Events ☐ Farm / Agribusiness ☐ Key Person Life
☐ Employee Benefits / Group Health

Church & Non-Profit — Organization

Type of Organization

Options: Church / House of worship · Ministry / Para-church · Non-profit / Social services · Private school · Daycare / Preschool · Civic / Fraternal / Club · Other

Denomination / Affiliation

Average Weekly Attendance

Members

Services / Gatherings per Week

Annual Operating Budget

Paid Staff

Regular Volunteers

501(c)(3) Status?

Options: Yes · No · Not sure

Church & Non-Profit — Activities & Safety

Activities and programs you offer

☐ Daycare / Preschool ☐ Private school ☐ Youth ministry / programs ☐ Overnight trips / Camps ☐ Mission trips ☐ Counseling
☐ Food pantry / Meals ☐ Sports / Gym / Recreation ☐ Rent facilities to outside groups ☐ Weddings / Events ☐ Cemetery
☐ Transportation (vans / buses) ☐ Livestream / Online services

Transportation

12–15 Passenger Vans

Buses

Drivers Screened (MVR / age 25+)?

Options: Yes · No · Not sure

Background checks for all staff and volunteers who work with children or youth?	☐ Yes	☐ No	
Written abuse-prevention policy (for example, a two-adult rule)?	☐ Yes	☐ No	
Has there ever been an allegation of abuse or molestation?	☐ Yes	☐ No	If yes, please explain

Valuable Items (organ, stained glass, sound / AV equipment): describe and estimate value

Coverages of interest

☐ Directors & Officers ☐ Abuse / Molestation liability ☐ Pastoral counseling ☐ Employment practices ☐ Crime / Fidelity
☐ Volunteer accident ☐ Special events ☐ Hired & non-owned auto

Business Insurance Quote Questionnaire — Church & Non-Profit

Fill in what you know — leave blanks for anything you're unsure of. An agent will gladly help with the rest.

Buildings & Business Property

Fill in one block per building. If you rent your space, skip the building details you don't know and list the value of your contents and improvements.

Building 1

Address or Location #

What the Building Is Used For

Do You Own or Rent It?
Options: Own the building · Rent / Lease (tenant) · Own & rent part to others

Year Built

Total Square Feet

Square Feet You Use

Construction
Options: Frame (wood) · Brick / block walls, wood roof (joisted masonry) · Metal building (non-combustible) · Masonry walls, metal or concrete roof · Fire resistive (concrete / steel) · Not sure

Stories

Roof Covering
Options: Shingle · Metal · Flat / Membrane (TPO, EPDM) · Built-up / Tar & gravel · Tile / Slate · Other

Roof Updated (year)

Wiring Updated

Plumbing Updated

Heating / HVAC Updated

Sprinkler System
Options: Yes - entire building · Partial · None

Fire Alarm
Options: Central station monitored · Local alarm only · None

Burglar Alarm
Options: Central station monitored · Local alarm only · None

Feet to Fire Hydrant

Miles to Fire Station

Other Tenants in the Building

Amounts of insurance

Building Value (cost to rebuild)

Contents (equipment, furniture, inventory)

Business Income / Extra Expense

Improvements You Made to Rented Space

Pay Claims At
Options: Replacement cost · Actual cash value · Not sure

Deductible
Options: $500 · $1,000 · $2,500 · $5,000 · $10,000 · Not sure

Mortgage Company / Loss Payee

Building 2

Address or Location #

What the Building Is Used For

Do You Own or Rent It?
Options: Own the building · Rent / Lease (tenant) · Own & rent part to others

Year Built

Total Square Feet

Square Feet You Use

Construction
Options: Frame (wood) · Brick / block walls, wood roof (joisted masonry) · Metal building (non-combustible) · Masonry walls, metal or concrete roof · Fire resistive (concrete / steel) · Not sure

Stories

Roof Covering
Options: Shingle · Metal · Flat / Membrane (TPO, EPDM) · Built-up / Tar & gravel · Tile / Slate · Other

Roof Updated (year)

Wiring Updated

Plumbing Updated

Heating / HVAC Updated

Sprinkler System
Options: Yes - entire building · Partial · None

Fire Alarm
Options: Central station monitored · Local alarm only · None

Burglar Alarm
Options: Central station monitored · Local alarm only · None

Feet to Fire Hydrant

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Fill in what you know — leave blanks for anything you're unsure of. An agent will gladly help with the rest.

Miles to Fire Station

Other Tenants in the Building

Amounts of insurance

Building Value (cost to rebuild)

Contents (equipment, furniture, inventory)

Business Income / Extra Expense

Improvements You Made to Rented Space

Pay Claims At

Options: Replacement cost · Actual cash value · Not sure

Deductible

Options: $500 · $1,000 · $2,500 · $5,000 · $10,000 · Not sure

Mortgage Company / Loss Payee

Have more than 2? Copy this page or list the others in the notes.

General Liability — Limits & Operations

Liability Limits (each occurrence / aggregate)

Options: $500,000 / $1,000,000 · $1,000,000 / $2,000,000 · $2,000,000 / $4,000,000 · Not sure

Liability Deductible

Options: None · $500 · $1,000 · $2,500 · Not sure

Your operations

Break out your work by type if you do more than one thing (for example: 70% HVAC service, 30% new installs).

#	Type of Work or Product	% of Revenue	Annual Sales	Annual Payroll
1				
2				
3				
4				

General Liability — Questions

Do customers or the public come to your location? ☐ Yes ☐ No

About How Many Visitors per Week?

Do you work at customers' homes, businesses or job sites? ☐ Yes ☐ No

If yes, please explain

Do you make, sell, import, install or repair products? ☐ Yes ☐ No

What Products?

% Imported from Outside the U.S.

Are you a contractor or tradesperson (construction, roofing, HVAC, electrical, landscaping, etc.)? ☐ Yes ☐ No

Contractors

% Residential

% Commercial

% New Construction

% Remodel / Repair

Highest You Work (feet)

Deepest You Dig (feet)

Written Contracts with Customers?

Options: Always · Sometimes · No

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Fill in what you know — leave blanks for anything you're unsure of. An agent will gladly help with the rest.

Any roofing, demolition, blasting, crane work, or work on buildings over 3 stories?	☐ Yes	☐ No	If yes, please explain
Any work on condos, townhomes or tract-home developments?	☐ Yes	☐ No	If yes, please explain
Do your subcontractors sign hold-harmless agreements and name you as additional insured?	☐ Yes	☐ No	
Do you sell, serve or furnish alcohol?	☐ Yes	☐ No	

% of Sales from Alcohol

Pool, playground, fitness equipment, rides or other recreation on site?	☐ Yes	☐ No	If yes, please explain
Do you host or sponsor events, festivals or parties?	☐ Yes	☐ No	If yes, please explain
Do customers, landlords or contracts require additional insured, primary & non-contributory, or waiver of subrogation?	☐ Yes	☐ No	Who requires it?
Do you rent or lease equipment to others?	☐ Yes	☐ No	If yes, please explain

Notes & Authorization

Additional Notes or Questions for Your Agent

Helpful to include: current declarations pages, loss runs (3–5 years), vehicle registrations, equipment list, and (for bonds) financial statements. Please do NOT include Social Security numbers, bank account numbers, or payment card numbers.

DISCLAIMER: This worksheet is for quotation purposes only and does not bind coverage. By signing, you authorize Maxwell B. Hamrick Insurance Agency, Inc. and the insurance companies it represents to obtain loss history, motor vehicle reports, and business credit or financial information as needed to prepare accurate quotes.

Signature (type full name) | **Title** | **Date**

Return completed form to state@mbhamrickins.com — or bring to Boiling Springs or Shelby — Questions? 1-800-993-3800