

Synagogue Information Gathering Form

Organization & Contact Details

- **Entity Name:** _____
 - **TAX ID / EIN#:** _____
 - **Fiscal Year runs from** _____ **to** _____
 - **Non-Profit Status:** Is this a non-profit? Yes No
 - **Tax Status Type:** (e.g., 501(c)(3)) _____
 - **Mailing Address:** _____
 - **Primary Contact Name:** _____
 - **Contact Phone Number:** _____
 - **Contact Email Address:** _____
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Operations & Personnel

- **Gross Annual Receipts (dues, contributions, program sponsorships):** \$ _____
 - **Number of Board Members:** _____
 - **Number of Congregation Members:** _____
 - **Number of Employees (Total):** _____ **FT:** _____ **PT:** _____
 - **Workers' Compensation:** Do you carry coverage? Yes No
 - **Annual Payroll:** _____
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Security & Risk Management

- **On-Site Security:** Do you have security? Yes No
 - **Security Provider:** Employee Privately Owned Company
 - **Private Security Requirements:** If privately owned, do they provide a Certificate of Insurance (COI) naming you as **Additional Insured** with a **Waiver of Subrogation**? Yes No
 - **Is there a swimming pool on the property?** Yes No
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Insurance & Property History

- **Current Insurance Carrier:** _____
- **Policy Dates:** _____
- **Claims History:** Any losses in the last 5 years? Yes No
 - *(If yes, please provide 5 years of loss runs)*
- **Building Ownership:** Do you own the building you occupy? Yes No
- **Building Valuation:** \$ _____
- **Contents Valuation:** \$ _____
- **Fine Arts/Specialty Items:** Value of scrolls, artwork, etc., to be insured: \$ _____

Specialized Programs

- **Children's Education:** Do you have programs on service days? Yes No
- **Childcare:** Do you have a daycare or nursery? Yes No
- **Transportation:** Do you transport members to services? Yes No
- **Educational Institution:** Do you have an on-premises school (Elementary or High School)?
 - Yes No
- **Cemetery:** Do you own or operate a cemetery? At a separate location? Yes No

Additional Notes

Authorization & Signature

I certify that the information provided above is accurate to the best of my knowledge.

Authorized Representative Signature: _____

Title: _____ **Date:** _____