

# Religious Institution Information Form

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## Organization & Contact Details

- **Entity Name:** \_\_\_\_\_
  - **TAX ID / EIN#:** \_\_\_\_\_
  - **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
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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: \$ \_\_\_\_\_
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## 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
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## Additional Notes

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## Authorization & Signature

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

**Authorized Representative Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_