



## UHCA Church Insurance Application

Name of Church: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Address of Church \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_  
 Zip \_\_\_\_\_  
 Phone# \_\_\_\_\_ Fax# \_\_\_\_\_ E-mail: \_\_\_\_\_

**Current Insurance:** **Please fill out the information based on current policies**

	Effective Date	Current Insurance Co.	Annual Premium
Property and Liability Package	_____	_____	_____
Auto Insurance	_____	_____	_____
Workers' Compensation	_____	_____	_____
Umbrella	_____	_____	_____
<b>Directors' &amp; Officers'</b>	_____	_____	_____
Other-	_____	_____	_____

**Workers' Compensation:** Please indicate estimated annual payroll by category. Federal ID# \_\_\_\_\_

Professional (This would include all ministries, youth directors, choir directors, choir directors, ministers of music, organists, day care or nursery help, or any other non-hazardous position.) \_\_\_\_\_

Clerical Employees (Secretaries, office help, receptionists, bookkeepers), \_\_\_\_\_

All other employees (This would include janitors, custodians, maintenance personnel, cooks, drivers, yard maintenance, or any other hazardous position.) \_\_\_\_\_

Vehicle Questionnaire

**Church owned vehicles**

Year	Make	Model	Complete VIN # (Vehicle Identification Number)	Garage Zip Code	Cost New	Deductibles		# of Passengers
						Comp.	Collision	

Please attach additional page(s) as needed

**Questionnaire Information**

Number of Active Members: \_\_\_\_\_  
 Number of Pastors: \_\_\_\_\_  
 Number of Associate Pastors: \_\_\_\_\_  
 Vacant Land - Number of Acres: \_\_\_\_\_  
 Day Care (Y/N): \_\_\_\_\_  
 Full-Time Students: \_\_\_\_\_

Claims in last 5 years (Y, N) \_\_\_\_\_

If yes, please attach detailed and amount paid.