

Nonprofit Questionnaire
New & Renewal Business

Insured Name:		Renewal Date:	
Policy Number:		Fed Tax ID#:	

Please provide us with the following information to help us properly rate the risk:

	List of Owned Property to be insured - Include Value, Address, Construction Type & Year Built
	List of Equipment to be insured – Include Value and Serial Number
	List of Automobiles to be insured – Include Value, VIN, and Coverage Wanted
	List of ONLY SPONSORED Events within POLICY YEAR such as: Fairs, Festival, Exhibitions, or other Special Events. Include number of days per event.

Current Exposures for GL Classifications:

Code Number	Exposure

Any other Changes from Last Year:

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Insured's Signature

Agent's Signature