



Renewal Questionnaire

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Name of organization _____

In the last 12 months, has your organization: had any changes in executive management? Yes No
If yes, use additional page to explain. merged with another organization? Yes No
begun new programs or operations? Yes No
discontinued programs or operations? Yes No

Staff Profile (indicate number)		No. of Employees		No. of Volunteers		No. of Independent Contractors	
		FT	PT	FT	PT	FT	PT
Executives, Management, Supervisors							
Administrative, Clerical, Data Entry, Filing							
Maintenance, Service, Janitorial							
Drivers							
Interns							
Social Workers, Caseworkers							
Counselors							
Residential On-Site Staff							
Teachers	Child Care, Preschool, Head Start, Montessori						
	Kindergarten – Grade 8						
	Grades 9 – 12						
	Other (developmental training, etc.)						
Teacher's Aides							
Therapists	Occupational						
	Physical						
	Speech						
RNs and LPNs							
Nurse Practitioners							
Psychologists							
Phlebotomists							
Physicians, Medical Doctors							
Psychiatrists							
Homemaker Services							
Other (describe)							
Other (describe)							
Other (describe)							
TOTAL							

No. of full-time and part-time employees who use their own vehicle in the course of business _____

No. of full-time and part-time volunteers who use their own vehicle in the course of business _____

Attachments

Submit the following documentation with this questionnaire

- Audited year-end financial statement (or Form 990 if your organization does not have a year-end statement)
- Driver schedule

The undersigned is an authorized agent of the persons and organization proposed for this insurance and hereby declares that to the best of his or her knowledge the statements herein are true and complete. Signing this document does not bind the insurance carrier to provide coverage. Any quote or policy issued is made in reliance on the answers supplied herein.

This form has been completed by

Signature Date

Name Title

Phone E-mail

This account has been submitted by

Producer Name Insurance Agency

E-mail