



Preliminary information needed:

1. Legal Name of Church: \_\_\_\_\_
2. Street Address (main and all locations):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. County (s): \_\_\_\_\_
4. Telephone: \_\_\_\_\_
5. Federal Tax ID (FEIN): \_\_\_\_\_
6. Business Type (Sole Prop, LLC, Corp, Partnership, etc): \_\_\_\_\_
7. Nature of Business: Religious Organization / Church
8. SIC (if known): 8661
9. Years in existence: \_\_\_\_\_
10. Have you ever filed for bankruptcy or has your church been placed in receivership? \_\_\_\_
11. Do you carry Workers Compensation? If yes name of carrier: \_\_\_\_\_  
\_\_\_\_\_
12. Are there employee benefit (group) plans in force today? If Yes please list coverage's and carriers, and provide copies of the current plan(s):  
\_\_\_\_\_  
\_\_\_\_\_

13. Are there individual policies in place today covering the employees? If Yes please provide copies of the current policies.

14. Census: (Excel sheet available)

- a. Include Name, DOB or age, gender, hours per week worked, and job title for all employees.
- b. If coverage may include family members include DOB, Gender and identification as Spouse or Child for each.

15. Funding – What percentage of the cost of coverage will be paid for by:

- a. Church \_\_\_\_\_%
- b. Employee \_\_\_\_\_%