



**Care Providers**  
Insurance Services

16301 Quorum Drive, Suite 100A  
Addison, TX 75001  
Tel: 800-761-7072 Fax: 800-224-7145

Email to: [CPS-submissions@nsminc.com](mailto:CPS-submissions@nsminc.com)

**Church Renewal Questionnaire**

Business Name: Atascocita Presbyterian Church Effective Date: 6/1/2023  
Address (City/State/ZIP): 19426 Atasca Oaks Dr; Humble, TX 77346  
Website: https://apchumble.org/map.php Phone # & Contact Name: Forrest Craig 785-633-2994

**INSURANCE AGENT INFORMATION**

Agency Name: Swain & Baldwin Insurance & Risk Management City/State: Houston, TX  
Contact Person: Kath Brown Tel#: 713-974-9007 Email: kbrown@sbii.net

For Profit  Non Profit

**GENERAL INFORMATION**

FEIN: 76-2248272 Number of Members: \_\_\_\_\_ Annual Pledges: \_\_\_\_\_  
Total # of Clergy: \_\_\_\_\_ Total # of Employees: \_\_\_\_\_ Total # of Volunteers: \_\_\_\_\_  
Number of Students: Pre-K to 8th: \_\_\_\_\_ 9th-12<sup>th</sup>: \_\_\_\_\_ Post High: \_\_\_\_\_  N/A  
Day Care: Number of Children: \_\_\_\_\_  N/A  
After school program that enrolls children not attending the school?  Yes  No  
If Yes, # of non-school children: \_\_\_\_\_

**HIRED/NON-OWNED AUTO**  N/A

1. Do you hire vehicles?  Yes  No
  - a. If yes, what types: \_\_\_\_\_
  - b. Annual # of vehicles hired: \_\_\_\_\_
  - c. Annual cost of hire: \_\_\_\_\_
2. **How many employees/volunteers drive personal vehicles for business use?**
  - a. Regularly: \_\_\_\_\_
  - b. Occasionally: \_\_\_\_\_

**CAMPS**  N/A

1. Camps:

- a. Is the camp held on premises?  Yes  No
- b. Day Camp: Number of Days: \_\_\_\_\_ Number of Campers: \_\_\_\_\_  N/A
- c. Overnight Camps/Lockins: Number of Days: \_\_\_\_\_ Number of Campers: \_\_\_\_\_  N/A

**ATHLETICS**  N/A

1. Have you added any new sports programs in the past 12 months?  Yes  No If Yes, please list:

\_\_\_\_\_

**PROFESSIONAL LIABILITY**  N/A

Title	Employees		Volunteers	Contractors	Interns
	FT	PT			
Administration					
Clergy					
Counselors					
Nurses					
Clerical					
Teachers					
Other: _____					

**CHANGES**  N/A

- 1. Please describe any changes in your operations (e.g., Programs administered, services provided, etc.) in the past 12 months: \_\_\_\_\_  
\_\_\_\_\_
- 2. I have reviewed the expiring policy and subsequent endorsements, if any.
  - Please QUOTE per the expiring policy
  - Please QUOTE with the following changes: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Insured's Signature) Date: \_\_\_\_\_ / Dale Zellmer  
(Agent's Signature) Date: \_\_\_\_\_