

"Insuring you in the 21st Century"

UNITED NATIONAL INSURANCE AGENCY

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HOUSTON, TEXAS 77002
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COMMERCIAL/FIRE (CHURCH) INSURANCE PROCESSING FORM

NOTE: PROCESSING WILL BE DELAYED IF "ALL" LINE ITEMS ARE NOT COMPLETE, PLEASE COMPLETE.
USE "N/A" IF A LINE ITEM DOES NOT APPLY. ONCE COMPLETED FAX TO 713-655-0338. THANKS IN ADVANCE.

REFERRED BY: _____

DATE: _____

CHURCH NAME: _____ FED ID # _____

PASTOR: _____ CONTACT PERSON: _____

HM PH# _____ WK PH# _____ FAX# _____

CELL # _____ EMAIL _____

BUSINESS MAILING ADDRESS: _____ CITY: _____ ZIP _____

CHURCH PROPERTY ADDRESS: _____ CITY: _____

ST _____ COUNTY: _____ ZIP _____

CONSTRUCTION TYPE: BRICK () FRAME () BRICK VEENER () METAL () OTHER _____

YR BUILT: _____ SQFT: _____ ROOF TYPE: _____ # STORIES _____

OCCUPIED BY: ___ OWNER ___ TENANT ___ VACANT DATE PASTOR TOOK OVER: _____

DESIRED AMOUNT OF COVERAGE: BUILDING \$ _____ CONTENTS \$ _____

EMPLOYEES: # FULL-TIME: ___ # PART-TIME: ___ ANNUAL PAYROLL (EXCLUDING PASTOR): \$ _____
PASTORS PAY: \$ _____ # OF CLERGY: ___ # OF OFFICERS (DEACONS & TRUSTEES): ___ BYLAWS: ___ Y ___ N

UPDATES ON:	YR.	UPDATES ON:	YR.	UPDATES ON:	YR.
WIRING	_____	ROOFING	_____	HEATING	_____
PLUMBING	_____	EXT PAINT	_____		

MONITORED CENTRAL ALARM SYSTEM: ___ YES ___ NO HARD WIRED SMOKE DETECTORS : ___ YES ___ NO

FIRE EXTINGUISHERS: ___ YES ___ NO DOUBLE CYLINDER DEAD BOLT LOCK ON DOORS: ___ YES ___ NO

SPRINKLER SYSTEM ___ YES ___ NO ANY PROPERTY LOSSES: ___ YES ___ NO

IF YES, DATE, AMOUNT, & TYPE OF LOSSES: _____

CURRENT COVERAGE: CARRIER NAME: _____ EXPIRATION DATE: _____

COVERAGE AMOUNT: _____ EXPIRING POLICY PREMIUM: _____

MORTGAGE CO: _____ ADDRESS: _____

PH # _____ FAX # _____

FORM COMPLETED BY: _____ OF _____

PHONE # _____ FAX # _____ EMAIL _____

Remember, for all your Auto, Life, Health, Dental, Commercial, or Property Insurance needs, please call us.
We are here to serve.