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*Instructions: (1) Open with [Adobe Acrobat](#), not in browser; (2) complete & save;
 (3) email saved file; (4) use E-signature or scan completed signature page*

Named Insured: _____ IBID #: _____ Agent #: _____

Address: _____

Phone: _____ Contact Name: _____ Email: _____

Church Site: _____

FEIN #: _____

Payroll Info:

Classification Description	Estimated Payroll	Class Code
Religious Organization Pastor or Professional Employees		
Religious Organization - All Other Employees		
Childcare (Full-Time/Part-Time Daycare; not Sunday Nursery School)		
Camp		
Labor		

Known Loss History: _____

Current Workers' Compensation Carrier: _____ Term: _____ Premium: _____

Provide a copy of loss runs.

Do they operate an elderly/child daycare? Yes ___ No ___

Do you sponsor any off-site events for employees like sporting events, visits to sports venues, etc.? Yes ___ No ___

Do your maintenance employees do any roof work or work at heights (even setting up decorations for holidays, etc.)? Yes ___ No ___

Do they transport employees in groups in large passenger vans? Yes ___ No ___

Do they have employees that lead mission trips out of the country? Yes ___ No ___

If so, what countries? _____

Do they operate any kitchens? Yes ___ No ___

Applicant's Signature: _____

Date: _____

Print Name: _____