

**Rescue Mission**  
 Survey

376 Broadway, PO Box 1038  
 Schenectady, NY 12301  
 MerriamInsurance.com  
 (877)MERRIAM (637-7426)  
 Fax: (518) 346-0996  
 insurance@MerriamInsurance.com

Business Information		
Date of Application:	Desired Effective Date:	
Name of Mission:		
Contact Name:	Title:	
Phone:	Fax:	
In Business Since:	FEIN:	
Address:		
City:	State:	Zip:
Mailing Address:		P.O. Box:
City:	State:	Zip:
Are you an AGRM Member?	Certified?	Certified Excellent?

Services (Please check all that you offer)	
<input type="checkbox"/> Men's Shelter	<input type="checkbox"/> Women's Shelter
<input type="checkbox"/> Women and Children's Shelter	<input type="checkbox"/> Community Feeding Program
<input type="checkbox"/> Thrift Store(s)	<input type="checkbox"/> Free Distribution Center (Food or clothing)
<input type="checkbox"/> Vocational Training	<input type="checkbox"/> Education Center (GED, Basic Life Skills, etc.)
<input type="checkbox"/> Daycare	<input type="checkbox"/> Afterschool Program
<input type="checkbox"/> Camp	<input type="checkbox"/> Auto Sales
<input type="checkbox"/> Medical/Dental Clinic	<input type="checkbox"/> Detox Program
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

## Property Insurance

Building Information								
Loc #	Address	City, State, Zip	Description (Kitchen, chapel, etc)	Year Built	Square Ftg.	# Stories	Basement (Y/N)	Sprinklers (Y/N)
1								
2								
3								
4								
5								
6								
7								
8								
9								

(Continue from table above)							
Loc #	Construction Type (Joisted Masonry, Frame, Brick, Steel, Other)	Alarms (Y/N) Fire    Security		Updates w/in 20 years? (Wiring, Plumbing, Heating, Roof)	Desired Deductible	Desired Contents Cov'g	Desired Building Cov'g
1							
2							
3							
4							
5							
6							
7							
8							
9							

Please copy sheet for additional buildings.

**Automobile Insurance**  
 (Attach separate sheet if necessary)

#	Year	Make	Model	VIN	Cost New	Primary Use	Comp?	Collision?
	2003	Dodge	Ram Van	17 Digit VIN or Similar ID #	\$24,000	Transporting Residents	Yes/No	Yes/No
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								

**Driver Information**

#	Name	Date of Birth	License Number	State	Accident/Violation Details If Any
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

**Current Carrier Information:**

<b>Policy Type</b>	<b>Company Name</b>	<b>Expiration Date</b>	<b>Annual Premium</b>
Property			\$
General Liability			\$
Professional Liability			\$
Crime			\$
Automobile			\$
Workers Compensation			\$
Umbrella			\$
Directors & Officers			\$

**Financial Information (For D&O Indication and General Liability Rating)**

<b>Total Assets (D&amp;O)</b>	\$
<b>Annual Payroll (D&amp;O)</b>	\$
<b>Gross Sales from Thrift Stores (GL)</b>	\$
<b>Total # of Employees</b>	

Remarks:

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