

**QUOTE INFORMATION FORM**  
**The Cushenberry Agency, Inc.**

"Form may be submitted by completing in Acrobat, saving and emailing to [cushagency@aol.com](mailto:cushagency@aol.com), or printing, completing and faxing to 918-665-8037."

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_  
Fax # \_\_\_\_\_ E-mail \_\_\_\_\_ @ \_\_\_\_\_  
Name \_\_\_\_\_  
County \_\_\_\_\_ Inside City Limits: Yes \_\_\_\_\_ No \_\_\_\_\_  
Address(mailing) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Present Coverage with (company): \_\_\_\_\_  
Annual Premium \_\_\_\_\_ Renewal Date \_\_\_\_\_

**BUILDING #1**

Location address: \_\_\_\_\_  
Construction Type \_\_\_\_\_ Slab Type \_\_\_\_\_  
Year Built \_\_\_\_\_ Year Remodeled \_\_\_\_\_ Square Footage \_\_\_\_\_ # of stories \_\_\_\_\_  
*Building Updates:*  
Heat \_\_\_\_\_ Plumbing \_\_\_\_\_ Electrical \_\_\_\_\_ Roof \_\_\_\_\_  
Wall Height \_\_\_\_\_ Special Construction Features \_\_\_\_\_  
Stained Glass: Sq. Ft \_\_\_\_\_ Leaded \_\_\_\_\_ Protective Covering (outside) \_\_\_\_\_  
*Alarm System:*  
Local \_\_\_\_\_ Monitored \_\_\_\_\_ Name of Company: \_\_\_\_\_  
#Fire Extinguishers \_\_\_\_\_ Sprinkler System \_\_\_\_\_ Coverage \_\_\_\_\_  
Fire Service \_\_\_\_\_ Distance to: Fire Hydrant \_\_\_\_\_ Fire Station \_\_\_\_\_ Protection Class \_\_\_\_\_

**BUILDING #2**

Location address: \_\_\_\_\_  
Construction Type \_\_\_\_\_ Slab Type \_\_\_\_\_  
Year Built \_\_\_\_\_ Year Remodeled \_\_\_\_\_ Square Footage \_\_\_\_\_ # of stories \_\_\_\_\_  
*Building Updates:*  
Heat \_\_\_\_\_ Plumbing \_\_\_\_\_ Electrical \_\_\_\_\_ Roof \_\_\_\_\_  
Wall Height \_\_\_\_\_ Special Construction Features \_\_\_\_\_  
Stained Glass: Sq. Ft \_\_\_\_\_ Leaded \_\_\_\_\_ Protective Covering (outside) \_\_\_\_\_  
*Alarm System:*  
Local \_\_\_\_\_ Monitored \_\_\_\_\_ Name of Company: \_\_\_\_\_  
#Fire Extinguishers \_\_\_\_\_ Sprinkler System \_\_\_\_\_ Coverage \_\_\_\_\_  
Fire Service \_\_\_\_\_ Distance to: Fire Hydrant \_\_\_\_\_ Fire Station \_\_\_\_\_ Protection Class \_\_\_\_\_

**BUILDING #3**

Location address: \_\_\_\_\_  
Construction Type \_\_\_\_\_ Slab Type \_\_\_\_\_  
Year Built \_\_\_\_\_ Year Remodeled \_\_\_\_\_ Square Footage \_\_\_\_\_ # of stories \_\_\_\_\_  
*Building Updates:*  
Heat \_\_\_\_\_ Plumbing \_\_\_\_\_ Electrical \_\_\_\_\_ Roof \_\_\_\_\_  
Wall Height \_\_\_\_\_ Special Construction Features \_\_\_\_\_  
Stained Glass: Sq. Ft \_\_\_\_\_ Leaded \_\_\_\_\_ Protective Covering (outside) \_\_\_\_\_  
*Alarm System:*  
Local \_\_\_\_\_ Monitored \_\_\_\_\_ Name of Company: \_\_\_\_\_  
#Fire Extinguishers \_\_\_\_\_ Sprinkler System \_\_\_\_\_ Coverage \_\_\_\_\_  
Fire Service \_\_\_\_\_ Distance to: Fire Hydrant \_\_\_\_\_ Fire Station \_\_\_\_\_ Protection Class \_\_\_\_\_

**MISCELLANEOUS INFORMATION**

Present Church Attendance \_\_\_\_\_ Last Year \_\_\_\_\_ Number of weekly Services \_\_\_\_\_  
Seating Capacity \_\_\_\_\_ Pews (attached) \_\_\_\_\_ (chairs) \_\_\_\_\_ Material \_\_\_\_\_ Linear Ft \_\_\_\_\_  
Steeple: yes \_\_\_ no \_\_\_ Value \$ \_\_\_\_\_ Baptistry: yes \_\_\_ no \_\_\_ Value \$ \_\_\_\_\_ Handrails \_\_\_\_\_  
Signs \_\_\_\_\_ Value \$ \_\_\_\_\_  
Basement: yes \_\_\_ no \_\_\_ Condition \_\_\_\_\_ (finished) yes \_\_\_ no \_\_\_  
Parking Lot: yes \_\_\_ no \_\_\_ Surface of Lot \_\_\_\_\_ Lighted: yes \_\_\_ no \_\_\_  
Mortgage: \_\_\_\_\_

School or DayCare: yes \_\_\_ no \_\_\_ Number of Students \_\_\_\_\_ Ages \_\_\_\_\_

Billing Mode: Monthly \_\_\_\_\_ Quarterly \_\_\_\_\_ Semi-Annual \_\_\_\_\_ Annual \_\_\_\_\_

**Outside Activities:**

Camps \_\_\_\_\_ No. of Children \_\_\_\_\_ Ages \_\_\_\_\_  
Mission Trips: Foreign \_\_\_\_\_ Domestic \_\_\_\_\_ No. of Children/Adults \_\_\_\_\_ Ages \_\_\_\_\_  
Miscellaneous \_\_\_\_\_

Number of Board Memebers \_\_\_\_\_

Pipe Organ: yes \_\_\_ no \_\_\_ Number of Ranks: \_\_\_\_\_

**Staff:**

Number of: Minister(s) \_\_\_\_\_ Office \_\_\_\_\_ Janitorial \_\_\_\_\_ Other (please specify below) \_\_\_\_\_  
Payroll for each (*for workers comp quote*)  
Minister(s) \_\_\_\_\_  
Office \_\_\_\_\_  
Janitorial \_\_\_\_\_  
Other \_\_\_\_\_

**CHURCH VEHICLES:**

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ # of Seats \_\_\_\_\_ Miles Driven \_\_\_\_\_  
VIN \_\_\_\_\_ Color \_\_\_\_\_  
Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ # of Seats \_\_\_\_\_ Miles Driven \_\_\_\_\_  
VIN \_\_\_\_\_ Color \_\_\_\_\_  
Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ # of Seats \_\_\_\_\_ Miles Driven \_\_\_\_\_  
VIN \_\_\_\_\_ Color \_\_\_\_\_

**Loss History: (last 5 years)**

Loss Cause \_\_\_\_\_ Amount Paid \_\_\_\_\_  
Loss Cause \_\_\_\_\_ Amount Paid \_\_\_\_\_  
Loss Cause \_\_\_\_\_ Amount Paid \_\_\_\_\_

**Additional Notes:**