BROTHERHOOD MUTUAL INSURANCE COMPANY

Partnership Group Insurance Survey

Group Name: ___Old Dominion Association of Church Schools_____

Member School Name: _____

School Mailing Address: _____

School Telephone: __(_____)_____

Insurance Contact at School: _____

Insurance Contact's Mailing Address: _____

_____

Insurance Contact's Telephone: __Residence: (_____)_____

__Business: (_____)_____

Name of Current Insurance Company: _____

School Insurance Package Policy Expiration Date: _____

(Month) *(Day)* *(Year)*

Please indicate the best time to contact school regarding a partnership quote:

_____ Contact us immediately.

_____ Contact us 60 to 90 days prior to our policy expiration date.

_____ Contact us at another time *(Specify)*: _____

Please return this form to the following address:
NCG Insurance Agency
25 Greenway Drive, SW
Leesburg, VA 20175

Thank you for your time! We look forward to partnering with you!