

# Nonprofit Social Services Application

Coverage(s) Desired:  Property  General liability  Nonprofit management liability

## GENERAL INFORMATION

Applicant's name (include DBA name): \_\_\_\_\_

Location address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Mailing address:  Same as location \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Web address: \_\_\_\_\_ Year business started: \_\_\_\_\_ Number of years at current location: \_\_\_\_\_

Inspection contact name: \_\_\_\_\_ E-mail address: \_\_\_\_\_ Phone: \_\_\_\_\_

Is the applicant operating as a nonprofit?  Yes  No

## Check all programs that apply:

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Animal services       | <input type="checkbox"/> Day cares (adult or child) | <input type="checkbox"/> Medical services                      | <input type="checkbox"/> Senior citizen programs             |
| <input type="checkbox"/> Camps/Overnight trips | <input type="checkbox"/> Financial/Legal assistance | <input type="checkbox"/> Mentally/Physically disabled programs | <input type="checkbox"/> Sports programs/Outdoor activities  |
| <input type="checkbox"/> Caregivers/Companions | <input type="checkbox"/> Food/Meal programs         | <input type="checkbox"/> Pregnancy services                    | <input type="checkbox"/> Thrift stores/Distribution of goods |
| <input type="checkbox"/> Counseling/Referral   | <input type="checkbox"/> Hospice                    | <input type="checkbox"/> Residential facilities/services       | <input type="checkbox"/> Youth programs                      |

## Description of Operations (including any activities, programs or services provided):

*\*Note: A supplemental application may be required based on the operations of the applicant.*

1. What is the total square footage occupied by the organization? \_\_\_\_\_ square feet
2. What are the total annual revenues, including grants, funds raised and donations? \$\_\_\_\_\_
3. For animal shelters and rescue groups, maximum number of animals in the insured's care: \_\_\_\_\_
4. For residential facilities, maximum number of beds per facility: \_\_\_\_\_
5. For workshops and vocational programs, number of students/participants: \_\_\_\_\_
6. For in-home caregiver/companion services, number of visits conducted annually: \_\_\_\_\_
7. For space leased to others, type of occupancy: \_\_\_\_\_ Square footage of leased space: \_\_\_\_\_
8. Are there past, pending or planned foreclosures and/or bankruptcies or judgments for unpaid taxes against the named insured or any officer, partner, member or owner, individually within the past five years?  Yes  No
9. Has insurance coverage been canceled or non-renewed in the past three years (not applicable in MO)?  Yes  No
10. For any building built prior to 1978, is 100 percent of the wiring on functioning and operational circuit breakers?  Yes  No
11. Does any building built prior to 1978 have aluminum or knob-and-tube wiring?  Yes  No
12. Do all public areas, occupancies and/or habitational units have functioning and operational smoke and/or heat detectors?  Yes  No
13. Is any construction planned or currently underway?  Yes  No

## Loss Information

14. Have there been any losses, claims, or known circumstances that could result in a claim in the past five years?  Yes  No

If "Yes," please provide the following information; additional claims or information may be submitted on a separate sheet.

Coverage Type	Date of Loss	Description of Loss	Paid	Reserved	Status
<input type="checkbox"/> Property <input type="checkbox"/> Liability			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Property <input type="checkbox"/> Liability			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Property <input type="checkbox"/> Liability			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed

**Liability Eligibility Coverage**

15. Occurrence limit: \_\_\_\_\_ Aggregate limit: \_\_\_\_\_
16. Does the organization organize or oversee any international travel/activities? If "Yes," please answer 16a. and 16b.  Yes  No
- a. List the country/countries visited: \_\_\_\_\_
- b. Do minors travel abroad?  Yes  No
17. Are there at least two means of egress (exits) for every floor with public access?  Yes  No
18. Have there been any actual or alleged molestation or abuse incidents or are there any currently under investigation?  Yes  No
19. Does the organization accept employees or volunteers who have been accused of abuse or molestation?  Yes  No
20. Does the organization accept employees or volunteers who have a criminal record?  Yes  No

Staffing	Full-time Employee	Part-time Employee	Full-time/Part-time Volunteer
Counselor			
Nurse/Nutritionist/Dietician			
Psychologist			
Social worker			
Teacher			
Caregiver			
Mentor			
Administrative/Clerical/Other			

If other, please describe occupations: \_\_\_\_\_

**Food, Clothing, and Other Item Sales or Distribution Coverage**

21. Does the organization sell or distribute food or other items? If "Yes," please answer questions 22–26.  Yes  No
22. Are any products refurbished, repackaged, re-labeled or modified prior to sale or distribution?  Yes  No
23. Are any products sold or distributed under the organization's name or label?  Yes  No
24. Does the organization provide any warranties of quality or safety on any merchandise?  Yes  No
25. Are more than 50% of sales from automobiles, bunk beds, car seats, motorcycles or weapons?  Yes  No
26. Are there any junk yard or recycling center operations?  Yes  No

**Hired and Non-owned Auto Coverage**

27. Is hired/non-owned auto coverage desired? If "Yes," please answer questions 28–38.  Yes  No
28. How many employees or volunteers are drivers? \_\_\_\_\_
29. What is the average driving frequency per week? \_\_\_\_\_
30. Are all drivers required to maintain personal automobile liability limits of \$2,000,000?  Yes  No
31. Is there a Commercial Auto Insurance policy in force?  Yes  No
32. Are there any owned or leased (long-term) vehicles?  Yes  No
33. Is client transportation provided?  Yes  No
34. Are hired or non-owned vehicles utilized where the capacity exceeds 15 passengers?  Yes  No
35. Are hired or non-owned vehicles used for emergency medical transportation or emergency medical services?  Yes  No
36. Are hired or non-owned vehicles used to transport non-ambulatory clients?  Yes  No
37. Is evidence of a Personal Auto Insurance policy required from employees and volunteers?  Yes  No
38. Are hired or non-owned vehicles used with a gross vehicle weight of more than 10,000 pounds on a regular basis?  Yes  No



**Nonprofit Management Liability Coverage**

44. Occurrence limit: \_\_\_\_\_ Aggregate limit: \_\_\_\_\_
45. Is the organization involved in product research, development or testing?  Yes  No
46. Is the organization involved in certification, accreditation, or standard-setting?  Yes  No
47. Is the organization involved in disciplinary actions as a result of peer review activities?  Yes  No
48. Is the organization involved in labor/union negotiations or collective bargaining?  Yes  No
49. Is the organization involved in administration or sponsorship of any insurance programs?  Yes  No
50. Does the organization have any chapters of subsidiaries requiring coverage?  Yes  No

If "Yes," please complete the Nonprofit Subsidiary Addendum (NPSADD).

51. Has the organization closed, downsized, laid off, reduced staff, sold, merged with or acquired any company in the last 12 months or anticipate doing so in the next 12 months?  Yes  No
52. Has the applicant or any person proposed for coverage (whether or not in the service of applicant) been the subject of or been involved directly or indirectly in any civil, criminal, regulatory, legislative or administrative proceeding(s)?  Yes  No
53. Within the last five years, has any inquiry, complaint, notice of hearing, claim or suit been made against any entity proposed for insurance, or any person proposed for insurance in the capacity of director, officer, trustee, employee or volunteer of any entity proposed for insurance?  Yes  No
54. Is any person(s) proposed for this insurance aware of any fact, circumstance or situation which may result in a claim against any entity proposed for insurance or any of its directors, officers, trustees, employees or volunteers?  Yes  No

55. Please provide the following financial information for the last three years. (If organization is in existence less than three years, please provide Budgeted Revenue/Expense statement for next three years.)

Year	Total Revenues	Net Income (Loss)	Current Fund Balance*
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

\* Fund balance = total assets - total liabilities

**Fiduciary Liability (available for organizations with 100 employees or less):**

56. Does each Pension Plan use an outside investment manager?  Yes  No
57. Does each Plan subject to ERISA comply with all applicable requirements of ERISA and the Internal Revenue Code of 1982, as amended (the "Code") including eligibility, participation, vesting, fiduciary responsibility and funding standards?  Yes  No
58. In the past two years, has there been or is there now under consideration any material changes to a Plan or termination/consolidation of a Plan?  Yes  No
59. Has there been or is there now pending any claims(s) against any proposed insured arising out of any Plan?  Yes  No
60. Does any proposed insured have knowledge or information of any act, error or omission which might give rise to a claim under the proposed Fiduciary Liability coverage?  Yes  No

**FRAUD STATEMENTS**

**Alabama, Arkansas, District of Columbia, New Mexico, Rhode Island and West Virginia:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Colorado Fraud Statement:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**Florida Fraud Statement:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Kansas Fraud Statement:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of a crime and may be subject to fines and confinement in prison.

**Maine Fraud Statement:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits

**Maryland Fraud Statement:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**New Jersey Fraud Statement:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Oklahoma Fraud Statement:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Oregon Fraud Statement:** Notice to Oregon applicants: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

**Kentucky, Pennsylvania AND Ohio Fraud Statement:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Tennessee, Virginia and Washington Fraud Statement:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Fraud Statement (All Other States):** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

## STATE NOTICES

**Arizona Notice:** Misrepresentations, omissions, concealment of facts and incorrect statements shall prevent recovery under the policy only if the misrepresentations, omissions, concealment of facts or incorrect statements are; fraudulent or material either to the acceptance of the risk, or to the hazard assumed by the insurer or the insurer in good faith would either not have issued the policy, or would not have issued a policy in as large an amount, or would not have provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known to the insurer as required either by the application for the policy or otherwise.

**Florida Surplus Lines Notice:** (Applies only if policy is non-admitted) You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

**Florida and Illinois Punitive Damage Notice:** I understand that there is no coverage for punitive damages assessed directly against an insured under Florida and Illinois law. However, I also understand that punitive damages that are not assessed directly against an insured, also known as "vicariously assessed punitive damages", are insurable under Florida and Illinois law. Therefore, if any Policy is issued to the Applicant as a result of this Application and such Policy provides coverage for punitive damages, I understand and acknowledge that the coverage for Claims brought in the State of Florida and Illinois is limited to "vicariously assessed punitive damages" and that there is no coverage for directly assessed punitive damages.

**Maine Notice:** The insurer is not permitted to withdraw any binder once issued, but a prospective notice of cancellation may be sent and coverage denied for fraud or material misrepresentation in obtaining coverage. A policy may not be unilaterally rescinded or voided.

**Minnesota Notice:** Authorization or agreement to bind the insurance may be withdrawn or modified only based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days' notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

**Ohio Representation Statement:** By acceptance of this policy, the Insured agrees the statements in the application (new or renewal) submitted to the company are true and correct. It is understood and agreed that, to the extent permitted by law, the Company reserves the right to rescind this policy, or any coverage provided herein, for material misrepresentations made by the Insured. It is understood and agreed that the statements made in the insurance applications are incorporated into, and shall form part of, this policy. **THE INSURED UNDERSTANDS AND AGREES THAT ANY MATERIAL MISREPRESENTATION OR OMISSION ON THIS APPLICATION WILL ACT TO RENDER ANY CONTRACT OF INSURANCE NULL AND WITHOUT EFFECT OR PROVIDE THE COMPANY THE RIGHT TO RESCIND IT.**

**Utah Punitive Damages Notice:** I understand that Punitive Damages are not insurable in the state of Utah. There will be no coverage afforded for Punitive Damages for any Claim brought in the State of Utah. Any coverage for Punitive Damages will only apply if a Claim is filed in a state which allows punitive or exemplary damages to be insurable. This may apply if a Claim is brought in another state by a subsidiary or additional location(s) of the Named Insured, outside the state of Utah, for which coverage is sought under the same policy.

If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.

Retail agency name: \_\_\_\_\_ License #: \_\_\_\_\_

Agent's signature: \_\_\_\_\_ Main agency phone number: \_\_\_\_\_

(Required in New Hampshire)

Agency mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

The signer of this Application acknowledges and understands that the information provided herein is material to the Company's acceptance of the risk and issuance of the requested policy. The signer of this Application represents that the information provided herein is true and correct in all matters. Any changes in the information represented in this Application occurring prior to the effective date of a policy shall be promptly reported to the Company in which case, the Company has the right to modify or withdraw any quote or binder issued based on such changes. The Company has the right but not the obligation to investigate any representation(s) in this Application. A decision by the Company not to investigate shall not estop the Company from relying on this Application in issuing a policy. It is agreed that this Application and any material submitted therewith, including but not limited to any supplemental Application(s), shall be the basis of any policy that is issued.

**New York Fraud Statement:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicant's signature: \_\_\_\_\_ Title: \_\_\_\_\_

President, Chairperson of the Board, Managing Member, or Executive Director

Date: \_\_\_\_\_