

NIAC #1
General Liability Supplemental Application
(To be submitted with ACORD applications)

Applicant Name: _____

Contact Person: _____ Title: _____

Phone: _____ Fax: _____ Check here if none available

Email: _____ Check here if none available Website: _____ Check here if none available

Confirm Billing Address: _____

Quote Need by Date: _____ Prop. Effective Date: _____

Limits Requested: _____

Please Note: This application is for General Liability only. If additional coverages are desired, please fill out the appropriate application(s) which may be found at <https://secure.insurancefornonprofits.org/Brokers-New-Submissions.cfm>

GENERAL INFORMATION:

1. Does Applicant currently have any General Liability coverage in force? Yes No
If yes, please submit currently valued loss runs for the past three years and complete the following:

Prior Carrier	Effective Dates	Limit	Premium	Retro Date (if claims made)

2. Is the Applicant a tax-exempt nonprofit organization under the U.S. Internal Revenue Code 501(c)(3), or in the process of obtaining this tax-exempt status? Yes No Pending
If pending, please attach a copy of their application and check to the IRS confirming they've applied.
If no, stop. We can only write insurance for tax-exempt 501(c)(3) organizations.
 If name on letter from Dept. of Treasury conferring 501(c)(3) status differs from name of Applicant, please explain:

3. In what state is the Applicant incorporated? _____
 If Applicant is not incorporated, please explain: _____

4. What is the Applicant's principal operating state? _____

5. Complete the following:

Annual Budget	Annual Payroll	Annual Sales	Number of Employees	Number of Volunteers

GENERAL INFORMATION: (Cont'd)

6. Specify major sources of funding and indicate approximate proportion of budget from each source (for example: private foundations 20%, city 60%, fee for services 20%):

Source(s) of Funding	% of Total Budget
	%
	%
	%
	%

7. Is Applicant presently in bankruptcy or has Applicant contemplated filing bankruptcy during the past six months? Yes No

If yes, please explain: _____

8. List any licenses or accreditation Applicant is required to maintain: _____

9. In the past five years, has Applicant received any citations, violations, penalties or fines by any administrative or licensing organization? Yes No

If yes, please explain: _____

10. Does Applicant have any subsidiaries or control any other entity or organization for which coverage is desired? Yes No

If yes, please complete the following:

a. Name of other entity for which coverage is desired: _____

b. Address (if different from Applicant): _____

c. What is the relationship between the Applicant and the other organization(s)? _____

11. In the past three years has any insurance carrier declined, canceled or non-renewed any coverage for which Applicant is applying? Yes No

If yes, provide details: _____

General Operations:

12. Please provide a description of Applicant's operations and programs: _____

13. Is the Applicant exclusively an information and referral service (i.e., no direct services)? Yes No

14. Approximate number of clients served annually: _____

- | | | |
|---|---|--|
| <input type="checkbox"/> Children under 10 | <input type="checkbox"/> At-Risk/Disadvantaged | <input type="checkbox"/> Sex offenders |
| <input type="checkbox"/> Youth 10 to 18 | <input type="checkbox"/> Respite/Hospice/Terminally ill | <input type="checkbox"/> Suicidal |
| <input type="checkbox"/> Clients over 60 years of age | <input type="checkbox"/> Drug/Alcohol addicted | <input type="checkbox"/> Known violent behavior |
| <input type="checkbox"/> Developmentally disabled | <input type="checkbox"/> Dementia/Alzheimer's | <input type="checkbox"/> Other (describe): _____ |
| <input type="checkbox"/> Low-income/Homeless | <input type="checkbox"/> Non-ambulatory of any age | |
| <input type="checkbox"/> Physically disabled | | |

15. Does Applicant perform any engineering or restoration work (e.g., waterway or stream restoration)? Yes No

16. Is Applicant planning any renovations or new construction during the next two years? Yes No

If yes, please explain: _____

17. Does Applicant accept donations of real property (land or buildings) on a regular basis? Yes No

If yes, describe the type of property accepted including usage (e.g., residential home for rental):

General Operations: (Cont'd)

18. Does Applicant accept donations of vehicles? Yes No

If yes, explain how Applicant uses these donated vehicles (e.g., used in Applicant's daily operations, sold to a third party; repaired by Applicant and resold, etc.): _____

19. Are any clients held in locked down facilities? Yes No

If yes, please describe: _____

20. Does Applicant provide any Medical Services? Yes No

If yes, please explain: _____

Is evidence of Medical Malpractice coverage required for all Medical Service Providers employed or contracted by the Applicant? Yes No

If no, please explain: _____

21. Does Applicant employ counselors or other Social Service Professionals (veterinarians, teachers, nurses, etc.)? Yes No

If Social Services Professional Coverage is desired, please complete the "Social Services Professional" Supplemental Application.

Special Events/Fundraisers

Complete the section below to include all of your events and fundraisers.

Note: We define a "Fundraiser" as any event sponsored or co-sponsored by you with the primary purpose of raising monetary contributions.

22. Does Applicant hold events/activities outside of Applicant's normal programs and/or operations? Yes No

a. If yes, please complete the table below. If additional space is needed, please attach Special Event form or additional pages.

Event Name & Date	Describe Applicant's Activities Taking Place	# of Expected Attendees	Gross Revenue	Is Applicant a Participant or Host of the Event?	Is Alcohol Served or Sold By Applicant?	Does Applicant Require a Waiver from Participants?
<i>Example: Easter Egg Roll, March 31, 2013</i>	<i>Egg hunt, picnic lunch, face painting</i>	75	\$0	Host	n/a	n/a
			\$			
			\$			
			\$			

b. If yes, are vendors/exhibitors required to provide proof of General Liability insurance naming the Applicant as an Additional Insured? Yes No

c. Which events listed in 22.a. above have bounce houses, inflatables and/or climbing structures?

Name of Event: _____ # of Structures: _____

Name of Event: _____ # of Structures: _____

Name of Event: _____ # of Structures: _____

d. Describe the security and safety procedures in place for the events listed in 22.a. above:

Name of Event: _____ Procedures: _____

Name of Event: _____ Procedures: _____

Name of Event: _____ Procedures: _____

Athletics/Sports

23. Does Applicant offer athletics/sports programs? Yes No

If yes, please answer the following:

a. Describe all athletic activities provided: _____

b. Number of annual participants: _____

e. Indicate type of sports offered (e.g., basketball, flag football, boxing, soccer, cheerleading): _____

f. Does your organization sponsor competitions or teams that participate in competitions? Yes No

If yes, is Applicant responsible for insuring these competitions or teams? Yes No

g. Are waiver/release/hold harmless agreements obtained for all participants? Yes No

Foster Homes

24. Does Applicant certify Foster Homes? Yes No

If yes, please answer the following:

a. Does Applicant purchase Foster Parent Liability (FPL) insurance for foster parents? Yes No

If no, please note that we usually require this be purchased concurrent with our liability coverage.

If yes, please provide a copy of Applicant's current FPL declaration page.

b. Number of homes that Applicant certifies: _____

Number of homes that Applicant has decertified over the past five years: _____

c. Number of children placed in homes by Applicant annually: _____

d. Number of years experience of Applicant's executive director in this field: _____

e. Are Applicant's foster care procedures/practices subject to state regulation? Yes No

f. Total number of training hours for each family prior to placement of each child: _____

g. Does Applicant provide follow-up visits to homes after children are placed? Yes No

If yes, how frequently? _____ Are the visits unannounced? Yes No

Do home visits include a private consultation with the foster children? Yes No

When do these visits stop? _____

h. Does Applicant conduct checks of criminal records of foster parents and other residents prior to approval of home? Yes No

Are foster parents or other residents in the home who have criminal records, or any history of physical or sexual abuse immediately disapproved or decertified? Yes No

If no, please explain: _____

i. Does Applicant have written procedures for responding to reports of abuse? Yes No

j. What is the average case load per employee/social worker? _____

Adoptions

25. Does Applicant provide adoption services? Yes No
If yes, please answer the following:
- a. Are any adoptions "closed?" Yes No
If yes, please explain: _____
- b. Number of adoptions performed annually: _____
- c. Number of adoptions that are international: _____
- d. Are you a member of the Joint Council on International Adoption or another similar organization? Yes No
 Other
If other, please specify: _____

Premises

26. Does Applicant provide lodging or operate residential facilities? Yes No
If yes, please answer the following:
- a. Number of beds for which Applicant is licensed, and square footage of each facility: _____

- b. Number of stories in each building: _____
- c. If two stories or more, number of means of egress: _____
- d. Average length of stay per resident: _____
- e. Age range of residents: 0-10 11-18 19-65 over 65
- f. Percentage of non-ambulatory residents: _____%
- g. Is there a 24-hour resident manager? Yes No
- h. Is staff trained in a formal procedure for medical emergencies? Yes No
- i. Is skilled nursing or medical care provided? Yes No
27. Does Applicant have a fire alarm system? Yes No
28. Does Applicant have smoke detectors on premises? Yes No
29. Is smoking allowed inside any premises? Yes No
30. Does Applicant have a swimming pool? Yes No
If yes, please answer the following:
- a. Is pool fenced with a self-closing gate? Yes No
- b. Is there a diving board? Yes No
- c. Is there life-saving equipment accessible? Yes No
31. Does Applicant own, lease or rent any vacant buildings? Yes No
If yes, please explain reason for vacancy, plans and time frame for occupancy: _____

32. Does Applicant offer your premises to others, either for rent or for free? Yes No
If yes, please answer the following:
- a. Please explain general use and frequency: _____
- b. Does Applicant obtain certificates of insurance showing proof of liability insurance from all who use the facility? Yes No

Animals

33. Does Applicant have any exposures involving animals? Yes No

34. Does Applicant have any saddle animal operations? Yes No

If yes, please answer the following:

a. Are animals used solely for therapeutic purposes? Yes No

If no, explain other usage: _____

b. Are safety helmets required? Yes No

c. Are animals: Owned by Applicant Furnished to Applicant by third party

d. Number of animals owned by or used by Applicant: _____

35. Does Applicant provide animal shelter/rescue services? Yes No

If yes, please indicate the number of:

a. Spaces, cages or kennels on Applicant's premises available to animals: _____

b. Animals placed in foster care annually: _____

c. Foster homes used annually: _____

d. Offsite adoptions held annually: _____

e. Are all animals vaccinated and held for observation prior to being placed in any homes (adoptive or foster)? Yes No

f. Is a health assessment of the animal conducted by a professional qualified to assess communicable disease? Yes No

g. Are behavioral evaluations performed by a qualified professional of all animals prior to placement (foster or adoption)? Yes No

h. Does Applicant place animals with known (current or historical) biting issues into homes (foster or adoption)? Yes No

i. Are waivers for volunteers of adoptive/foster homes maintained and do they include hold harmless language that specifically discloses that the animal may cause bodily injury to the volunteer, and that the volunteer will not hold the nonprofit responsible for any injury to themselves or family members that arise from the foster/adoptive relationship? Yes No

j. Does Applicant have accident coverage in place? Yes No

k. How long has Applicant been in business? _____

l. How many years experience does the Applicant's leadership have in this field? _____

36. Does Applicant employ animal control officers? Yes No

If yes, please answer the following:

a. How many? _____

b. Do they carry firearms? Yes No

c. Do these officers carry separate professional liability insurance? Yes No

37. Does Applicant operate any of the following? Yes No

If yes, provide annual sales for each:

Type	Annual Sales
<input type="checkbox"/> Pet Training	\$
<input type="checkbox"/> Pet Grooming	\$

Performing and Fine Arts

38. Does Applicant offer Performing or Fine Arts? Yes No
- If yes, please answer the following:
- a. Description of performances (e.g., dance, musical, plays): _____
 - b. Annual number of performances: _____
 - c. Average attendance at each performance: _____
 - d. Are performances held at premises owned or leased by Applicant? Yes No
 - e. Are any performances held away from premises owned or leased by Applicant? Yes No
 - f. Does Applicant provide concessions? Yes No
- If yes, please provide annual receipts: \$ _____
- g. Does Applicant provide classes to the public? Yes No

Camping/Campgrounds

39. Does Applicant own or operate a campground? Yes No
- If yes, please answer the following:
- a. Is a caretaker present during off-season(s) (i.e., when camp sessions are not in session)? Yes No
 - b. Is camp located in a wilderness area? Yes No
 - c. Is camp located in an area at risk of wildfires? Yes No
40. Does Applicant provide camping experiences for clients? Yes No
- If yes, please answer the following:
- a. Describe any special focus and/or activities offered (river rafting, ropes courses, climbing walls, etc.):

 - b. Annual number of campers per day: _____
 - c. Number of days camp has campers on location each year: _____
 - d. Is there overnight exposure? Yes No

Mentoring programs (e.g. Big Brothers Big Sisters)

41. Does Applicant have any mentoring programs that match youth with mentors? Yes No
- If yes, please answer the following:
- a. How many matches are made annually? _____
 - b. Is there a formal training and screening program in place? Yes No
 - c. Are any matches made of opposite genders? Yes No
- If yes, explain: _____
- d. Are permission slips obtained for all mentors/mentees under 18? Yes No
 - e. Are mentors allowed to take mentees to their private residence? Yes No

Food or Merchandise Distribution (e.g. Food Banks, Thrift Stores, Meal Delivery, etc.)

42. Does Applicant distribute or sell any food or merchandise? Yes No
- | Type | Gross Sales or Value of Goods Distributed |
|--|---|
| <input type="checkbox"/> Food | \$ _____ |
| <input type="checkbox"/> Used Merchandise | \$ _____ |
| <input type="checkbox"/> Other (describe): _____ | \$ _____ |

Other Exposures

43. Does Applicant have any premises, operations or exposures that are not stated in this application? Yes No

If yes, describe and state whether they are insured elsewhere: _____

SIGNATURES

Notice: This risk pooling contract is issued by a pooling arrangement authorized by California Corporations Code Section 5005.1. The pooling arrangement is not subject to all of the insurance laws of the State of California and is not subject to regulation by the Insurance Commissioner. Insurance guaranty funds are not available to pay claims in the event the risk pool becomes insolvent.

Applicant's Signature

Date

Producer's Signature

Date

Print or type applicant's name

Applicant's Title