



NONPROFITS INSURANCE ALLIANCE (NIA)

Alliance of Nonprofits for Insurance, RRG (ANI)

Nonprofits Insurance Alliance of California (NIAC)

National Alliance of Nonprofits for Insurance (NANI)

Alliance Member Services (AMS)

A head for insurance. A heart for nonprofits.

insurancefornonprofits.org

Application No.

Submission Date

Broker ID

NIA Commercial Auto Supplemental Application

**PLEASE NOTE: Nonprofits in New York: Only Hired/Non-Owned Auto coverage is available.
Nonprofits in Nebraska: No Owned Auto coverage is available.**

Brokerage Name

Broker Contact Name

Broker ID

Broker Contact Email

Applicant Information

Applicant Name

Requested Effective Date

Requested Expiration Date

Quote Need-by Date

PLEASE NOTE: This application is for Commercial Auto coverage and can only be bound in conjunction with a Commercial General Liability policy. For complete instructions on our submission requirements, please visit the [New Submissions page of the NIA Broker Portal](#).

1. Has Applicant filed any insurance claims and/or were any suits filed against it in the past five years? Yes No
If yes, please explain:

2. Does the Applicant currently have Hired/Non-Owned/Commercial Automobile coverage? Yes No

If yes:

- Who is the current insurer?
- What is the current effective date?
- What is the current expiration date?
- What is the current premium?

3. Attach currently valued loss runs for the past five years (four years plus current year) as well as a completed [NIA Claims Supplemental Application](#) for each claim that has been reported under any Commercial Auto policy. If no coverage was in force, but an incident did occur, please complete the [NIA Claims Supplemental Application](#) to describe each incident.

If none, please check here:

PLEASE NOTE: All owned or leased vehicles must be registered to the Applicant. Owned or leased vehicles that are not registered to the Applicant are ineligible for coverage.



4. Does the Applicant own or lease vehicles or mobile equipment (not including short-term rentals)? Yes No

- a. NIA does not provide Hired and Non-Owned Auto Liability coverage unless it also provides insurance for all owned/leased vehicles.
- b. Completed Auto ACORD 127 and 137 applications must be submitted with this application.
- c. NIA no longer orders, requests, adds, deletes, maintains, or evaluates MVRs and driver records.
- d. NIA asks that the Applicant follow NIA's "Guidelines for Drivers of Agency Vehicles" when deciding whether to allow someone to drive. A link to NIA's underwriting criteria for drivers of agency-owned vehicles can be found here: [NIA Driver Guidelines](#).

If yes:

- a. How many vehicles or mobile equipment (do not include short-term rentals) does the Applicant own or lease?

5. How many individuals drive their personal vehicles to transport clients?

6. For any employee/volunteer who uses their personal vehicle for agency business, does the Applicant have a procedure in place to verify personal auto insurance? Yes No

If no:

The Applicant will be required to implement a procedure if coverage is bound. Our Risk Department representative will contact them within 30 days of policy issuance.

7. About how often does an employee/volunteer typically drive a personal vehicle on behalf of the Applicant?

Daily 1-3 times per week Less than once per week A few times a year

8. Personal Vehicle Usage (check all that apply): Transport Clients/Residents – Frequency:

Meal Delivery Errands/Business Travel Other - Describe:

9. Are any vehicles (owned, hired, or non-owned) equipped for transporting the physically impaired? Yes No

If yes:

- a. Number of vehicles*

With wheelchair lifts With loading ramps With no special equipment

Please include a vehicle list indicating which ones are specially equipped, along with a completed Auto ACORD. For those with a loading ramp, indicate if the ramp is fixed or portable.

b. Do all of your equipped vehicles follow the ADA standards/requirements listed below?

1. Four-point or five-point tie-down/securements with lap and shoulder belt?	Yes	No	Unsure
2. Ramp doors with an opening height of at least 56 inches?	Yes	No	Unsure
3. Lifts with at least a 30-by-48-inch clear platform and two handrails?	Yes	No	Unsure
4. Gearshift interlocks (vehicle is immobile when lift is not stowed)?	Yes	No	Unsure

c. Who is the manufacturer of your tie-down/securement equipment?



d. Is training on tie-down procedures given to all staff handling wheelchair transport? Yes No

If yes, describe your wheelchair tie-down training procedure protocols, including number of hours and if hands-on practices are included. You may include a separate page or attach a copy of your protocols.

If no, please explain:

e. Do all drivers have a minimum of one year of experience transporting the elderly or those with physical disabilities? Yes No

If no, please explain:

f. What is your policy for handling a wheelchair-bound client who refuses securement or refuses to be secured? You may include a separate page or attach a copy of your protocols.

10. Does the Applicant have a procedure in place to annually verify personal auto insurance for all employees and volunteers who may use their ` autos for company business? Yes No

If no, the Applicant will be required to put procedures in place to bind Non-Owned Auto Liability coverage.

If yes, how many employees/volunteers drive their personal vehicles regularly on behalf of the Applicant?

11. Does the Applicant rent/hire vehicles? Yes No

If yes, please answer the following:

a. Indicate annual estimated cost of hired/rental vehicles \$

b. Does the Applicant hire vehicles with drivers? Yes No

12. Does the Applicant have knowledge, information, or access to information of any auto-related act, error, omission, or incident involving an owned, hired, and/or non-owned vehicle, which might give rise to a claim or suit? Yes No

If yes, a completed [NIA Claims Supplemental Application](#) is required for each incident.



Additional Remarks

The following language applies to ANI applicants for Liability coverages only:

Notice:

This policy is issued by your risk retention group. Your risk retention group may not be subject to all of the insurance laws and regulations of your State. State insurance insolvency guaranty funds are not available for your risk retention group.

The following language applies to NIAC applicants for Liability coverages only:

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.

Important Notice: NIA's policy may not afford coverage to any claim, incident, suit, complaint, or situation the Applicant knew of prior to the effective date of the proposed policy. It is important that all such incidents that may give rise to a claim be reported to the current insurer.



NONPROFIT APPLICANT APPROVAL

Please read this carefully.

By entering my name and job title, I confirm that this signature will be the electronic representation of my signature for all purposes, just the same as a manual signature when I or my agent use them on documents including **legally binding** contracts.

I certify that the broker listed on page 6 has binding authority to fill out and submit this application on behalf of the Applicant, that all information supplied by the Applicant and provided in this application is truthful, and that NIA will rely on the information provided and referenced in this application to make all decisions related to the application and any associated underwriting decisions.

Nonprofit Applicant's Organization Name

Nonprofit Applicant Representative's Name - Electronic Signature (Type Your Name Here)

Nonprofit Applicant Representative's Title

Date



BROKER SIGNATURE

Please read the following and confirm agreement below:

Information submitted in this application will be reviewed by an underwriter to determine coverage that can be offered. Failure to provide a quotation with coverages different from those requested shall impose no liability on any of the companies of Nonprofits Insurance Alliance (AMS, NIAC, ANI, AMSIS) or SRCS Elite or QBE Insurance Corporation (QBE).

I acknowledge that I have the authority to bind the Applicant, that all information provided in this application is truthful, and that NIA will rely on the information provided and referenced in this application to make all decisions related to the application and any associated underwriting decisions.

I further certify that I am electronically signing the application as if I were physically signing it. The insurer may rely upon my electronic signature as if the application were physically executed and, if requested, I will supply a physical signature.

Broker's Signature

Broker Agency Name

Print or Type Broker's Name

Broker's Title

Date