

**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 General Liability (CGL) Application

(To be submitted with ACORD 125 and 126 applications)

Brokerage Name

Broker Contact Name

Broker ID

Broker Contact Email

Applicant Information

Applicant Name

Is Applicant a tax-exempt nonprofit organization under the U.S. Internal Revenue Code 501(c)(3)? ☐ Yes ☐ No ☐ Pending

If no, stop. We can only write insurance for tax-exempt 501(c)(3) organizations. If pending, please attach a copy of their 1023 Application and proof of payment to the IRS confirming that they have applied.

FEIN #

What is Applicant's principal operating state?

Is Applicant incorporated?

☐ Yes☐ No

If yes, what state are they incorporated in?

Applicant Address

Billing / Mailing Address

City / State / ZIP Code

Business Phone

Business Email

Website

Applicant Primary Contract

Job Title

First Name

Last Name

Email

Phone



General Information

Please provide a summary description of operations/programs/services offered by the Applicant on a regular basis, including how these operations are performed and how often programs/services are provided (e.g., year-round, seasonally, etc.). Please include a document with this information if it does not fit in the box below.

Requested Effective Date

Requested Expiration Date

Quote Need-by Date

Requested Each Occurrence Limit

Requested Aggregate Limit

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 General Liability coverage? Yes No
If **yes**, please complete the following:
- a. Who is the current insurer? b. What is the current effective date? c. What is the current expiration date?
- d. What is the current premium? e. What is your current occurrence limit? f. What is your current aggregate limit?
- g. Is coverage written on a claims-made basis? Yes No
- h. Enter the applicable coverage retroactive date
3. Please include the following (both are required to offer Prior Wrongful Acts coverage):
- Your current claims made policy declarations page with retroactive date
 - Signed [No-Known Loss Letter](#) on the Applicant's letterhead
- If none, please check here:
4. Approximate number of people served annually
- Indicate group(s) served:**
- | | | |
|------------------------------|---------------------------|--------------------------------|
| At-risk/Disadvantaged | Known violent behavior | Respite/Hospice/Terminally ill |
| Children under 10 | Low-income/Homeless | Sex offenders |
| Clients over 60 years of age | Mentally ill | Suicidal |
| Dementia/Alzheimer's | Non-ambulatory of any age | Youth 10 to 18 |
| Developmentally disabled | Physically disabled | Other |
| Drug/Alcohol addicted | | |
5. 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:
6. Does Applicant have knowledge, information, or access to information of any act, error, omission, or incident which might give rise to a claim or suit? Yes No
- If **yes**, the NIA Claims Supplemental Application is required for each incident.
Please complete the NIA Claims Supplemental Application and include with submission.
7. In the past three years, has any insurance carrier declined, canceled, or non-renewed any coverage for which the Applicant is applying? Yes No
8. In the last three (3) years, has the Applicant been a plaintiff or defendant in any suits? Yes No



8. Has Applicant been involved in any grievance or other administrative proceeding before any agencies in the last five (5) years? Yes No

If yes, please explain:

8. Has Applicant been under investigation, had any violations, incidents, or claims that allege negligence or failure to comply with any regulatory, licensing or inspection agencies/guidelines? Yes No

If yes, please explain:

9. Does the Applicant operate in states or countries outside of their principal operating state? Yes No

If yes, please describe those operations and indicate the specific states and/or countries the Applicant is operating in.

10. Complete the following (indicate 0 if none):

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

11. Specify major sources of funding and indicate the 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
	%
	%
	%
	%
	%
	%
	%
	%
	%
	%



12. What year did the Applicant begin operating?
13. Is the Applicant presently in bankruptcy or has it contemplated filing bankruptcy during the past six months? Yes No
If yes, please describe:
14. How many years of experience does the Applicant's director have in their current nonprofit field?
15. Does the Applicant have or control any subsidiaries/entities/organizations for which coverage is desired? Yes No
If yes, name the other organization(s) for which coverage is desired
Address (City / State / ZIP) Website
What is the relationship between the Applicant's organization and the other organization(s)?
16. Does the Applicant perform any engineering or restoration work (e.g., waterway or stream restoration)? Yes No
If yes, please provide details:
17. Is the Applicant planning any renovations or new construction during the next two (2) years? Yes No
If yes, please provide details:
18. Does the Applicant accept donations of real property (land or buildings) on a regular basis? Yes No
If yes, please describe the type(s) of property accepted, including usage (e.g., residential home for rental):
19. Does the Applicant accept donations of vehicles? Yes No
If yes, please explain how these donated vehicles are used (e.g., used in daily operations, sold to a third party; repaired in-house and resold, etc.):

PLEASE NOTE that if the Applicant accepts donated vehicles with the intent of selling to other parties, all vehicle donation transactions must be handled by independent, third-party wholesalers. Vehicle donation transactions that are not handled by independent, third-party wholesalers, and claims arising from such transactions, are ineligible for coverage.



20. Are any clients held in locked-down facilities? Yes No
If yes, please describe:
21. Does the Applicant provide services to Tier II (Level 2) or Tier III (Level 3) adjudicated sex offenders? Yes No
If yes, please describe:
22. Does the Applicant provide any medical services? Yes No
If yes, please describe:
23. Does the Applicant have a Volunteer/Participant Accident policy in place? Yes No
If yes:
a. Please confirm policy limits:
 \$ Ea.
 \$ Agg.
b. Please indicate if it covers (select all that apply): Volunteers Students Participants
24. Does the Applicant have any exposures involving animals? Yes No
If yes, please complete the [Animal Questionnaire](#).
25. Are clients required to sign a Statement of Faith? Yes No
If yes, please include statement of faith form with submission



Fundraisers & Events

“Fundraiser” is any event sponsored or co-sponsored by the Applicant with the primary purpose of raising monetary contributions. “Event” is any activity sponsored or co-sponsored by the Applicant apart from the regular scope of operations.

- | | | |
|---|-----|----|
| 1. Does the Applicant's business operations include fundraisers and events?* | Yes | No |
| If no , skip to next section. | | |
| If yes , please complete the following: | | |
| 2. Do any fundraisers or events include more than 500 people present at any one time? | Yes | No |
| 3. Excluding golf and bowling, do any fundraisers or events include athletic activities or contests? | Yes | No |
| 4. Will animals be included in any fundraisers or events (including, but not limited to, animals involved in rodeos, petting zoos, and animal exhibitions)? | Yes | No |
| 5. Do any fundraisers or events include carnivals, circuses, fairs, festivals, or parades? | Yes | No |
| 6. Do any fundraisers or events include firearms and/or weapons? | Yes | No |
| 7. Do any fundraisers or events include water events (including, but not limited to, swimming pools, lakes, rivers, or other bodies of water)? | Yes | No |
| 8. Do any fundraisers or events include powered rides or amusement attractions (including, but not limited to, climbing walls, slides, mechanical bulls, and bungee jumps)? | Yes | No |
| 9. Do any fundraisers or events include trampolines, bounce houses, rebounding equipment, inflatable amusement or sports devices, moon walks, or inflatable wrestling or combatant suits? | Yes | No |

*If you answered “Yes” to any of the specific types of fundraisers and events listed above, please complete and include the [NIA Special Event Endorsement Request](#) for each event.

Premises / Buildings

- | | | |
|--|-----|----|
| 1. Does the Applicant's business operations include a physical premise or building? | Yes | No |
| If no , skip to next section. | | |
| If yes , please provide information about each of the building(s) below and answer the following questions. | | |

Location #	Location Name	Location Address	Occupancy	Square Footage

- | | | |
|---|-----|----|
| 2. Are any animals, other than ADA-recognized animals, allowed inside the facility? | Yes | No |
|---|-----|----|



3. Does the Applicant own or lease any buildings that are vacant or will become vacant? Yes No
If yes, please explain reason for vacancy, plans, and time frame for occupancy.
4. Does the Applicant offer their premises to others for rent or for free? Yes No
If yes:
a. Please explain general use and frequency:

b. Does the Applicant obtain certificates of insurance showing proof of liability insurance from all who use the facility? Yes No
5. Is a written evacuation plan posted? Yes No
6. Is smoking allowed inside any premises? Yes No

Shelters / Group Homes / Residential Facilities

1. Does the Applicant operate any shelters, group homes, and/or residential facilities? Yes No
If no, skip to next section.
If yes, please provide information about each location below and complete the following:

Location Name	# Beds	Square Feet	# Stories	Average Length of Stay (in days)	Resident Age Range	% Non Ambulatory

If any location has two or more stories, please input the location name and number of means of egress for each location in the box below. However, if no location is more than one story, please input "not applicable" in the box below.

2. Does the Applicant practice fire and/or earthquake drills at least monthly or quarterly? Yes No
3. Does the Applicant have a clear evacuation plan posted in each sleeping room? Yes No
4. Do all sleeping rooms have fire extinguishers? Yes No
5. Do all kitchens have a Class B or Class K fire extinguisher? Yes No
6. Is skilled nursing or medical care provided at any of the facilities? Yes No
7. Is there a 24-hour resident manager at each facility? Yes No



8. How often are rooms inspected?
9. Does each location have staff trained in a formal procedure for medical emergencies? Yes No
10. Are animals, other than ADA-recognized assistance animals, allowed inside the facility? Yes No
11. Do you provide any sort of drug or alcohol detoxification treatment? Yes No
- If yes, please describe:**
-

Pools

1. Do the Applicant's business operations include any pools? Yes No
- If no, skip to next section.**
- If yes, please complete the following:**
2. Are the pools fenced in with a self-closing gate? Yes No
- If no, please explain:**
- If yes:**
- a. Are the heights of the fences a minimum of 3.5 feet? Yes No
- b. Do the fences have dual locks? Yes No
3. Do any pools have a diving board? Yes No
- If yes, what is the height(s)?**
4. Is there lifesaving equipment readily accessible? Yes No
5. Are depths clearly marked? Yes No
6. Are the walking surfaces around the pools non-skid and in good condition? Yes No
7. Are there trained lifeguards on duty? Yes No
-

Advocacy / Social Justice

Social justice groups advocate and educate the public about their cause. Typically, this involves human, animal, and/or environmental rights. Their mission is to affect social change. Advocacy groups raise awareness, provide education, fund research, advocacy, and support programs for and about specific issues.

1. Do the Applicant's business operations include advocacy/social justice work? Yes No
- If no, skip to next section.**
- If yes, please describe the nature of the advocacy/social justice work:**
2. Does the Applicant conduct any undercover investigations/operations? Yes No
-



4. Is the focus of the Applicant's work primarily local, national, or international?
5. Describe the types of demonstrations/marches planned:
6. Does the Applicant actively investigate or litigate for their cause? Yes No
If yes, provide details:
7. Does the Applicant advocate for health/medical needs? Yes No
If yes, please answer the following questions:
- a. Does the Applicant pay for, promote, rebate, or reimburse clients' prescription drugs? Yes No
 - b. Does the Applicant recommend or prescribe specific medications? Yes No
 - c. Does the Applicant conduct or promote clinical trials? Yes No
 - d. Does the Applicant operate a laboratory or store specimens? Yes No
-

Child & Adult Daycares / Schools

1. Does the Applicant operate a child daycare, adult daycare, or schools (K-12)? Yes No
If no, skip to next section.
If yes, are the primary clients children or adults?*
- Child Adult Applicant does not operate a daycare
2. Does the Applicant operate a school? Yes No
If yes, please answer the following questions:
- a. What is the actual daily enrollment?
 - b. What is the dollar value of annual tuition?
 - c. What percentage of the total annual tuition is awarded in scholarships/financial aid?
 - d. Does the Applicant have a contingency plan if the building is unable to be occupied? Yes No
3. Is the facility currently licensed or registered with the state? Yes No
4. Has the facility's license, registration, or certification ever been revoked or suspended? Yes No
5. Is a written procedure for all emergencies implemented, and are the organization's caregivers/aides trained to use them? Yes No
6. How often are emergency evacuation drills conducted?
7. Is the staff trained in CPR and first aid? Yes No



8. Do you transport clients to and from the facility? Yes No
- If yes**, please answer the following questions:
- a. Is a procedure in place for drop-off/delivery? Yes No
- b. Is a procedure in place for pickup/release of clients to guardians? Yes No
- If yes**, please indicate which of the following are included in this procedure:
- i. Sign-out sheet? Yes No
- ii. Staff member checks ID before releasing the client? Yes No
- iii. Staff member calls guardian when unfamiliar person comes to pick up the client? Yes No
9. Is the facility locked, with limited access to prevent clients from leaving? Yes No
10. Are signed/dated waivers of liability, releases, or assumption of risk & indemnity agreements received from all parents and/or guardians? Yes No
11. What is the staff-to-client ratio?
12. Does the facility have playground(s) or play structure(s)? Yes No
- If yes**, please answer the following questions:
- a. What type of fall surface is underneath the playground equipment?
- b. Is the ground covering at least 12 inches deep? Yes No
- c. Is adult supervision present at all times while clients are on the playground? Yes No
- d. Is there a fence with a locked gate around the playground? Yes No
13. Does the Applicant take clients/students on field trips? Yes No
- If yes**, please answer the following questions:
- a. Approximately how many field trips are taken annually?
- b. Are any field trips taken to swimming pools and/or lakes? Yes No



Athletics / Sports Programs

1. Do the Applicant's business operations include athletic and/or sports programs? Yes No

If no, skip to next section.

PLEASE NOTE: Competitive athletic/sports leagues and competitive travel leagues are ineligible. Recreational athletic/sport activities or programs, which are skill-building and/or instructional, are acceptable.

If yes, please indicate types of sports performed:

Baseball	Basketball	Boxing
Cheerleading	Dodgeball	Fencing
Football (flag)	Football (tackle)	Gymnastics
Hockey	Ice Skating	Karate
Lacrosse	Martial Arts	Motocross (BMX, etc.)
Rugby	Running / Triathlons	Skateboarding
Soccer	Softball	Surfing
Swimming	Tennis	Volleyball
Winter Sports	Wrestling	Other (describe):

2. Provide a description of all activities/programs involving sports:

3. Total number of annual participants:

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

Equine Therapy / Rescue

1. Do the Applicant's business operations include equine therapy and/or equine rescue? Yes No

If no, skip to next section.

If yes, are animals:

Owned by the Applicant Furnished by a third party

2. Number of saddle animals owned by or used by the Applicant:

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

4. Are safety and barn rules posted at the facility? Yes No



5. Are animals used solely for therapeutic purposes? Yes No
Not Applicable
If no, please explain any other usage.
6. Are safety helmets required? Yes No
Not Applicable
7. Does the facility obtain parental permission for minors and secure waivers, including a hold-harmless agreement, from all participants? Yes No
Not Applicable
8. What is the minimum age of riders? (Please put "0" if not applicable)
9. What is the staff/student ratio? (Please put "N/A" if not applicable)
10. Do you fasten developmentally disabled clients to any part of the saddle and follow EAGALA guidelines for the state, if applicable? Yes No
Not Applicable
If no, please explain why not.
11. How many hours per day will each horse participate in lessons? (Please put "0" if not applicable)
12. Are the horses conditioned/trained regularly and warmed up prior to their lessons? Yes No
Not Applicable
13. How many horses are utilized per group? (Please put "0" if not applicable)
14. What certifications do the equine therapy instructors have? (Please put "N/A" if not applicable)
PLEASE NOTE: Certification is required for equine therapy.
15. Does the Applicant provide equine rescue, which might include foster and/or adoption? Yes No
Not Applicable
If yes, please answer the following questions:
- a. Will the Applicant require a contract/agreement, including hold-harmless wording from all adopters? Yes No
- b. Are horses with previously known aggression or behavior issues placed for adoption? Yes No
- c. Are potential adopters/owners allowed to ride the horses prior to adoption/ownership? Yes No
- d. Please provide detail of safety protocols in place:



Animal Rescue Organizations

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

If no, skip to next section.

If yes, please complete the following:

Proof of Volunteer/Participant Accident coverage is required for dog rescues and/or if the applicant has participants/volunteers. If the applicant currently has Volunteer/Participant Accident coverage, please include proof with submission. You are invited to request a quote for Volunteer/Participant Accident coverage with this application to meet this requirement.

2. Please indicate the number of spaces, cages, or kennels on your premises available to animals

3. Please indicate the number of animals placed in foster care annually

4. Do your participants/volunteers work with animals? Yes No

5. What type(s) of animals do you accept?

6. Do you obtain dogs outside of their state or country of domicile? Yes No

If yes, please describe:

7. Where are animals kept prior to foster and/or adoption?

8. Please describe the Applicant's procedure(s) before accepting or placing the animal in a foster or adoptive home:

9. How many dog foster homes does the Applicant have? (Please put "0" if none)

10. How many cat foster homes does the Applicant have? (Please put "0" if none)

11. How many other foster homes does the Applicant have? (Please put "0" if none)

12. How many off-site adoptions are held annually? (Please put "0" if none)

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

If no, please provide additional information:



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

15. Do qualified professionals perform behavioral evaluations of all animals before they're accepted into your program (foster or adoption)? Yes No

If yes, please describe who is performing the evaluation and what their qualifications are.

16. Do qualified professionals perform behavioral evaluations of all animals prior to placement (foster or adoption)? Yes No

If yes, please describe who is performing the evaluation and what their qualifications are.

NIA defines "Aggressive Animals" as any animal which is known to have been:

- Responsible for inflicting injury on a human being on public or private property;
- Responsible for killing or inflicting severe injury on a domestic animal while off the owner's property;
- Used in the commission of a crime;
- Previously under investigation and deemed to be dangerous by Animal Control and/or local authorities, or;
- Surrendered with a known history of biting or other aggressive behavior by the prior owner or a governmental entity, notwithstanding any subsequent finding to the contrary by you, an insured, by any other person for whom an insured is legally responsible, or by an animal behaviorist.

17. Does the Applicant accept aggressive animals to your program or place aggressive animals into homes (foster or adoption)? Yes No

If yes, please explain:

18. Does the Applicant provide rehabilitation and/or training for animals with behavioral issues, including aggressive tendencies? Yes No

If yes, please provide example of the types of behaviors:

19. Does the Applicant have a rehabilitation/retraining program for animals in your care with known (current or historical) biting issues and/or aggressive tendencies? Yes No

If yes, please explain:

20. If an animal not previously thought to be an aggressive animal is subsequently discovered to be an aggressive animal after entering your program, will the Applicant remove that animal from the program (i.e., no longer foster it out, make it available for adoption, or keep custody of it)? Yes No



21. Has the Applicant ever received a complaint or been sued in court because of a foster or adoption placement of an animal resulting in the injury of a person? Yes No

If yes, please describe:

22. Are waivers for all volunteers of the organization maintained, including foster homes, 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

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

24. Does the Applicant employ animal control officers? Yes No

If yes:

a. How many officers are employed?

b. Do they carry a firearm? Yes No

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

25. Does the Applicant's operations include pet training, pet grooming, pet boarding, or thrift stores? Yes No

26. **If yes**, please provide annual sales for each:

Type	Annual Sales
Pet Training	\$
Pet Grooming	\$
Pet Boarding	\$
Thrift Stores	\$



Camping Experiences / Retreat Centers

1. Does the Applicant own/operate a camp and/or a retreat center? Yes No

If no, skip to next section.

If yes, please complete the following:

PLEASE NOTE: NIA is not a market for Property coverage for camping and/or retreat centers. NIA can consider Liability coverage only.

2. Is a caretaker present during off-season(s) and/or when activities are not in session? Yes No

3. Is the camp/retreat center accredited by the ACA or other accrediting agency? Yes No

4. Is the camp/retreat center located in a wilderness area? Yes No

5. Is the camp/retreat center located in an area at risk for wildfires? Yes No

6. Is there a lake/pond on the retreat center premises? Yes No

If yes, please answer the following questions:

a. Does the Applicant have open-water-certified lifeguards? Yes No

b. Does the Applicant have lifeguards dedicated to monitoring any water "blob" structures, slides, etc.? Yes No

7. Please describe all activities offered (i.e., river rafting, zip lines, ropes course, climbing walls, etc.):

8. Is there a ropes course? Yes No

If yes, please answer the following questions:

a. Is the ropes course built to Adventure Challenge Course Technology standards? Yes No

b. Enter the most recent ropes course inspection date. (Month / Day / Year)

c. Please include a copy of the Applicant's most recent inspection report.

9. Is there a zip line? Yes No

If yes, please answer the following questions:

a. Is the zip line built to Adventure Challenge Course Technology standards? Yes No

b. Enter the most recent zip line inspection date. (Month / Day / Year)

c. Please include a copy of the Applicant's most recent inspection report

10. Do you require and maintain records of signed/dated waivers of liability, releases, or assumption of risk & indemnity agreements from all parents/guardians/retreat participants? Yes No

11. What is the staff-to-client ratio?

12. What is the average number of campers/retreat participants per day?

13. How many days are there campers/retreat participants on location annually?

14. Is there an overnight exposure? Yes No

If yes, please answer the following question:

a. Are campers/retreat participants segregated by gender during sleeping hours? Yes No



Mentoring Programs (such as Big Brothers Big Sisters)

- | | | |
|--|-----|----|
| 1. Does the Applicant's business operations include mentoring programs (such as Big Brothers Big Sisters or other similar programs)? | Yes | No |
| If no , skip to next section. | | |
| If yes , please complete the following: | | |
| 2. How many matches are made annually? | | |
| 3. Is there a formal training and screening program in place? | Yes | No |
| 4. Are any matches made of opposite genders? | Yes | No |
| If yes , please explain: | | |
| 5. Are permission slips obtained for all mentors/mentees under 18 years of age? | Yes | No |
| 6. Are mentors allowed to take mentees to their private residences? | Yes | No |
-

Performing and Fine Arts

- | | | |
|--|-----|----|
| 1. Does the Applicant's business operations include performing and/or fine arts? | Yes | No |
| If no , skip to next section. | | |
| If yes , please complete the following: | | |
| Please provide description of performances (e.g., dance, musical, plays, etc.): | | |
| 2. Annual number of performances: | | |
| 3. Average attendance at each performance: | | |
| 4. Does the Applicant provide concessions? | Yes | No |
| If yes , please provide estimated gross annual sales | | |
| 5. Does the Applicant provide classes to the public? | Yes | No |
| If yes , what is the average daily attendance for classes? | | |

**Food or Merchandise Distribution (Food Banks, Thrift Stores, Meal Delivery)**

1. Do the Applicant's business operations include food and/or merchandise distribution (food banks, thrift stores, meal delivery, etc.)? Yes No

If no, skip to next section.

If yes, please provide gross sales or value of goods distributed*

Type	Gross Sales or Value of Goods Distributed
Food	\$
Used Merchandise	\$
Other If other, describe	\$

2. Are aisles kept clear and unobstructed? Yes No
3. Are goods properly stored and stacked? Yes No
4. Are incoming foods sorted to identify spoiled and/or hazardous goods? Yes No
5. Are product expiration dates monitored? Yes No
6. Are all employees and volunteers trained in the operation of all equipment? Yes No
7. Does the Applicant provide merchandise pickup services? Yes No
8. Are forklifts used? Yes No
- If yes, please answer the following questions:
- a. Do forklifts have back-up alarms? Yes No
- b. Are forklift drivers certified and trained to operate forklifts? Yes No



Vocation Training / Product Manufacturing

1.

Does the Applicant's business operations include vocation training and/or product manufacturing?

Yes

No
- If no, skip to next section.

If yes, please complete the following:
2.

What products are manufactured?
3.

If wood products are manufactured, is a dust-collection system present?

Yes

No

Not Applicable
4.

What is the dust-collection system cleaning schedule frequency?
5.

Is personal protective equipment (PPE) provided by you to the workers/students?

Yes

No
6.

Number of clients that participate in the program:



Construction / Weatherization

1. Do the Applicant's business operations include construction and/or weatherization? Yes No

If no, skip to next section.

If yes, please complete the following:

PLEASE NOTE: We are not a market for construction operations or organizations that build to sell.

2. Please indicate the types of work performed:

Appliance installation	Deck construction	Drywall
Electrical wiring	Exterior painting	Framing
Handicapped ramps	Interior carpentry	Interior painting
Plumbing	Roofing	Window installation
Other (describe):		

3. Is any construction/weatherization performed by the Applicant's employees/volunteers and/or by subcontractors? Yes No

4. If performing trade work, are volunteers appropriately licensed in their respective trades? Yes No
Not Applicable

5. Is work performed by subcontractors? Yes No

If yes, please answer the following questions:

- | | | |
|---|-----|----|
| a. Are certificates of insurance obtained? | Yes | No |
| b. Are you named as an additional insured on the subcontractor's Commercial General Liability insurance policy? | Yes | No |



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:

Additional Remarks



Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or 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. *Applies in MD Only.

Applicable in CO: 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.

Applicable in FL and OK: 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)*. *Applies in FL Only.

Applicable in KS: 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 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 commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: 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 and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

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 25 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