

**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 Employee Benefits Liability Supplemental Application

Brokerage Name

Broker Contact Name

Broker ID

Broker Contact Email

Applicant Information

Applicant Name

Requested Effective Date

Requested Expiration Date

Quote Need-by Date

Requested Each Occurrence Limit

Requested Aggregate Limit

PLEASE NOTE: This application is for Employee Benefits Liability 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 Employee Benefits Liability coverage? Yes No

If yes:

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 the current occurrence limit?

f. What is the current aggregate limit?

g. Is current coverage written on a claims-made basis? Yes No

If yes:

Enter the applicable coverage retroactive date

3. Please include the following when submitting application (both are required to offer Prior Wrongful Acts coverage):

a. Your current claims-made policy declarations page with retroactive date.

b. Signed No-Known Loss Letter on the Applicant's letterhead ([No Known Loss Letter Template](#))

If more space is needed for any answer, please put that text in the "Additional Remarks" box on [Page 2](#).

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4. 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 Employee Benefits Liability 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:

- | | | |
|--|-----|----|
| 5. In the past three (3) years, has any insurance carrier declined, canceled, or non-renewed any Employee Benefits Liability coverage for which the Applicant has applied? | Yes | No |
|--|-----|----|

If yes, please explain:

6. How many employees does the Applicant have?

- | | | |
|--|-----|----|
| 7. Is a signed acceptance/rejection form kept in all employees' personnel files? | Yes | No |
|--|-----|----|

- | | | |
|---|-----|----|
| 8. Has there ever been a dispute or threatened dispute over benefits? | Yes | No |
|---|-----|----|

- | | | |
|--|-----|----|
| 9. Are benefits offered to all regular, full-time employees? | Yes | No |
|--|-----|----|

- | | | |
|--|-----|----|
| 10. Are any benefits offered to part-time employees? | Yes | No |
|--|-----|----|

- | | | |
|---|-----|----|
| 11. Does the Applicant have a pension/retirement plan available to employees? | Yes | No |
|---|-----|----|

If yes, please complete the following:

a. Plan is managed by: Applicant Third-Party Administrator Name

- | | | |
|--|-----|----|
| b. Is the administrator of the plan also an investment advisor registered with the Securities and Exchange Commission? | Yes | No |
|--|-----|----|

c. Investment decisions are made by: Applicant Employees Other

- | | | |
|---|-----|----|
| d. Does the Applicant provide investment advice to employees? | Yes | No |
|---|-----|----|

- | | | |
|--|-----|----|
| 12. Does the Applicant have knowledge, information, or access to information of any act, error, omission, or incident relating to the administration of employee benefits program, 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 5 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