

**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 Volunteer/Participant Accident Liability Supplemental Application

## A Program of QBE Insurance

**Accident coverage is available for volunteers and/or participants.****Volunteer:**

One who enters into or offers themselves for a service of their own free will, and who performs the work without promise or expectation of compensation for work performed.

**Participant:**

A registered person participating in supervised and sponsored activities that the nonprofit organization is making available or is responsible for.

Brokerage Name

Broker Contact Name

Broker ID

Broker Contact Email

PLEASE NOTE: This application is for Volunteer Participant Accident 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](#).

## Applicant Information

Applicant Name

Requested Effective Date

Requested Expiration Date

Quote Need-by Date

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 Volunteer/Accident 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 with the submission (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](#))

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 Volunteer Participant Accident 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:

4. How many months per calendar year is the organization in operation?

5. Benefit Plan Desired:

	Plan	Accident/ Aggregate	Deductible Requested				Accidental Death & Dismemberment
	A	\$10,000	\$0	\$50	\$100	\$250	\$50,000
	B	\$25,000	\$0	\$50	\$100	\$250	\$50,000
	C	\$50,000		\$50	\$100	\$250	\$50,000
	D	\$75,000		\$50	\$100	\$250	\$50,000
	E	\$100,000		\$50	\$100	\$250	\$50,000
	F	\$250,000		\$50	\$100	\$250	\$50,000
	G	\$500,000		\$50	\$100	\$250	\$50,000

AD&D Aggregate Limit of Liability is \$1,000,000



## 6. Group type:

Check off the group type that matches the Applicant. If the Applicant's group is a mix, insert percentages, making sure the total adds up to 100%. If the Applicant's group type is not listed, describe its operation in the space provided below:

- |                      |                         |                        |
|----------------------|-------------------------|------------------------|
| % Animal Foster Care | % Elderly/Infirm Care   | % Shelter/Habitational |
| % Business           | % Environmental         | % Theater              |
| % Child Daycare      | % Fund Raising          | % Vocational Training  |
| % Community/Housing  | % Music/Choral          | % Youth                |
| % Construction       | % Schools               | % Other (describe):    |
| % Cultural/Social    | % Senior Citizen Center |                        |

## 7. Volunteers:

Indicate the number of volunteers who give their time to the organization:

One Day Per Year	Regular Volunteer	Average Number of Days Per Year for Regular Volunteers

## 8. Participants:

Indicate the number of participants who attend activities with the organization:

One Day Per Year	Regular Participants	Average Number of Days Per Year for Regular Participants

## 9. Other Exposures:

Activity	Number of Participants	Number of Volunteers	Approximate Number of Days Per Year
Non-contact Sports			
Contact Sports			
Heavy Manual Labor			
Bus/Van Trips (Over 200 Miles)			
Trips by Air			
Foreign Trips (Outside the United States & Canada)			
24-hour Activity			
Trips/Outings (Over 2 Days Long)			



10. Does the Applicant have knowledge, information, or access to information of any volunteer or participant-related act, error, omission, or incident 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 8 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.**

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**Nonprofit Applicant's Organization Name**

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

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**Nonprofit Applicant Representative's Title**

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**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.**

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**Broker's Signature**

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**Broker Agency Name**

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**Print or Type Broker's Name**

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**Broker's Title**

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**Date**