

NON-PROFIT ORGANIZATION APPLICATION

Name Insured _____

Insured Contact _____ Phone _____

Address _____ City _____ ST _____ Zip _____

Number of years this facility has been: In Operation _____ Under Present Management _____

Website Address _____

Description of Operations _____

LIFE SAFETY

Do all of your facilities (buildings) have the following Life Safety features:

Yes/No

If not, please indicate which location numbers.

- | | | |
|--|--|-------|
| 1) Fire Alarms | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 2) Smoke Detectors | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| Hard Wired | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| Battery Operated | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 3) Emergency Lighting | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 4) Sprinklers | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 5) Are evacuation routes posted throughout the building? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 6) In the event of an evacuation, have you established a central meeting point outside the building? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 7) Are exit signs illuminated? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 8) How often are fire drills held? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 9) Are there at least two exits doors per building? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 10) Are exit doors equipped with panic hardware? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| 11) Is smoking permitted inside the premises? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |

LIABILITY

Provide General Liability Classification Codes and Exposure on Attached Schedule

- 1) Annual operating budget _____
- 2) Annual payroll _____
- 3) Number of clients/customers per year _____
- 4) Number of students _____
- 5) If providing residential services, provide number of beds at each location _____

- 6) Do you have sheltered workshops? ☐ Yes ☐ No Indicate location number _____
Describe the work being performed _____

- Do you have mobile work forces (i.e., janitorial services)? ☐ Yes ☐ No or landscaping services? ☐ Yes ☐ No
Other _____
- If yes, please provide payroll: Janitorial _____ Landscaping _____ Other _____
- Is Workers Compensation carried for clients? ☐ Yes ☐ No
- 7) Do you have a head start or day care program? ☐ Yes ☐ No
Indicate location number(s) and average daily attendance of each location _____

- Maximum number of children supervised _____ Ratio of children to Staff _____ Age Range _____
- 8) Do you provide any foster care or adoption services? ☐ Yes ☐ No If Yes, please explain _____

- 9) Do you have any swimming pools? ☐ Yes ☐ No Indicate location number _____
Diving Board/Slide ☐ Yes # _____ ☐ No Is the pool fenced? ☐ Yes ☐ No
- 11) Do you sponsor any fairs, festivals, fireworks displays, truck or tractor pulls, fund raisers or any other special event?
☐ Yes ☐ No - PLEASE NOTE THAT FIREWORKS DISPLAYS ARE SPECIFICALLY EXCLUDED BY THIS COMPANY.
Are alcoholic beverages served? ☐ Yes ☐ No
Provide full details (location, dates, attendance, description of events, etc.) _____

- 11) Do you have a weatherization program? ☐ Yes ☐ No If Yes, provide full details including payroll and/or volunteer hours for this operation _____

- 12) Do you operate a fraternal club? ☐ Yes ☐ No Is alcohol sold or served at this club? ☐ Yes ☐ No If Yes, what percentage of your total receipts is from liquor? _____
What are your hours of operation? _____
- 13) Do you sponsor athletic or sporting activities? ☐ Yes ☐ No If Yes, how many athletic participants are there? _____
What are the age groups participating? _____
Give specifics on the events _____
- 14) Do you operate a senior center? ☐ Yes ☐ No Does this include meals on wheels? ☐ Yes ☐ No
- 15) Are counseling services/therapy offered for the following target classes: Sexual Offenders? ☐ Yes ☐ No
Sexual Predators? ☐ Yes ☐ No
- 16) Does your employment application include questions about whether the individual has ever been convicted for any crime, including sex-related or child abuse related offenses? ☐ Yes ☐ No
- 17) Do you request criminal background investigations for all applicants? ☐ Yes ☐ No If not, please explain _____

- 18) Do you verify employment related references? ☐ Yes ☐ No
- 19) Do you have a plan of supervision that monitors staff in day-to-day relationships with clients both on and off premises?
☐ Yes ☐ No
- 20) a. Has your organization ever had an incident which resulted in an allegation of sexual abuse? ☐ Yes ☐ No If yes, please describe _____
- b. Was a claim made against the organization? ☐ Yes ☐ No Was a claim made against any employee(s)? ☐ Yes ☐ No
If yes, is that individual still employed with your organization? ☐ Yes ☐ No
- c. Was the case settled? ☐ Yes ☐ No If Yes, please explain _____
- 21) Do you require certificates of insurance from all subcontractors? ☐ Yes ☐ No If Yes, what limit of insurance is required? _____
- If No, please explain _____

AUTOMOBILE

- 1) How many employees/volunteers use their own vehicles regularly (daily/weekly) for agency business?
Employees _____ # Volunteers _____
Describe use _____
- 2) Do you require employees and volunteers to carry and show evidence of personal insurance? ☐ Yes ☐ No
- 3) What limits are required? _____
- 4) Do you run MVRs on employees? ☐ Yes ☐ No If Yes, how often? _____
- 5) Do you have a driver safety training program? ☐ Yes ☐ No Does your Agency transport clients? ☐ Yes ☐ No
If yes, give details _____
- 6) Is training provided for new employees prior to their transporting clients? ☐ Yes ☐ No
- 7) Does your agency transport clients/consumers for other private or governmental agencies? ☐ Yes ☐ No If Yes, please explain _____

Producer _____
(Signature)

(Printed)

The Applicant warrants that all answers to the questions on this application are true and correct. Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading information concerning any fact thereto, commits a fraudulent insurance act, which is a crime.

Applicant _____
(Signature)

(Printed)

Date _____