

Nonprofit Application New & Renewal Business

Insured Name:	
Policy Number:	
Effective Date:	

LIFE SAFETY

Do all your facilities (buildings) have the following Life Safety features : Yes or No					
		Yes		No	If No, please indicate which location numbers
1. Fire Alarms		Yes		No	
2. Smoke Detectors		Yes		No	
Hard Wired:		Yes		No	
Battery Operated:		Yes		No	
3. Emergency Lighting		Yes		No	
4. Sprinklers		Yes		No	
5. Are evacuation routes posted throughout the building?		Yes		No	
6. In the event of an evacuation have you established a central meeting point outside the building?		Yes		No	
7. Are exit signs illuminated?		Yes		No	
8. How often are fire drills held?		Yes		No	
9. Are there at least two exit doors per building?		Yes		No	
10. Are exit doors equipped with panic hardware?		Yes		No	
11. Is smoking permitted inside the premises?		Yes		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 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, Explain:					
9. Do you have any swimming pools?				Yes	No	Indicate Location #					
Diving Board/Slide		Yes	#	No	Is pool fenced?		Yes	No			
10. 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						
If yes, provide full details (location, dates, attendance, description of events, etc.):											
11. Do you have a weatherized 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 it 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 No, 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?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If Yes, please explain:							
b.) Was a claim made against the organization?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Was a claim made against any employee(s)?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If Yes, is that individual still employed with your organization?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
c.) Was the case settled?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If Yes, please explain:	
21. Do you require certificates of insurance from all subcontractors?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	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?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
# of Employees	<input type="text"/>	# of Volunteers	<input type="text"/>				
Describe use:							
2. Do you require employees and volunteers to carry and show evidence of personal insurance?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
3. What limits are required?							
4. Do you run MVRs on employees?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If Yes, how often?	
5. Do you have a driver safety training program?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Does your Agency transport clients?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
If Yes, give details:							
6. Is training provided for new employees prior to them transporting clients?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
7. Does your agency transport clients/consumers for other private or governmental agencies?				<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If Yes, please explain:							

Producer Signature:	Producer Printed Signature:

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:	Applicant Printed Signature:

Date: