

NON-PROFIT ORGANIZATION APPLICATION

Name Insured _____ FEIN _____

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 | | | |
| 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
- 10) Do you sponsor any fairs, festivals, fireworks displays, truck or tractor pulls, fund raisers or any other special event Yes No
Are alcoholic beverages served? Yes No
Please note that fireworks displays are specifically excluded.
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 _____