

**ANI #1**  
**General Liability Supplemental Application**  
**(To be submitted with ACORD applications)**

Applicant Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  Check here if none available

Email: \_\_\_\_\_  Check here if none available Website: \_\_\_\_\_  Check here if none available

Confirm Billing Address: \_\_\_\_\_

Quote Need by Date: \_\_\_\_\_ Prop. Effective Date: \_\_\_\_\_

Limits Requested: \_\_\_\_\_

Please Note: This application is for General Liability only. If additional coverages are desired, please fill out the appropriate application(s) which may be found at <https://www.ani-rrg.org/Brokers-New-Submissions.cfm>.

**GENERAL INFORMATION:**

1. Does Applicant currently have any General Liability coverage in force?  Yes  No  
**If yes**, please submit currently valued loss runs for the past three years and complete the following:

Prior Carrier	Effective Dates	Limit	Premium	Retro Date (if claims made)

2. Is the Applicant a tax-exempt nonprofit organization under the U.S. Internal Revenue Code 501(c)(3), or in the process of obtaining this tax-exempt status?  Yes  No  
 Pending  
**If pending**, please attach a copy of their application and check to the IRS confirming they've applied.  
**If no, stop.** We can only write insurance for tax-exempt 501(c)(3) organizations.  
 If name on letter from Dept. of Treasury conferring 501(c)(3) status differs from name of Applicant, please explain:  
 \_\_\_\_\_

3. In what state is the Applicant incorporated? \_\_\_\_\_  
 If Applicant is not incorporated, please explain: \_\_\_\_\_

4. What is the Applicant's principal operating state? \_\_\_\_\_

5. Complete the following:

Annual Budget	Annual Payroll	Annual Sales	Number of Employees	Number of Volunteers

**GENERAL INFORMATION: (Cont'd)**

6. Specify major sources of funding and indicate approximate proportion of budget from each source (for example: private foundations 20%, city 60%, fee for services 20%):

Source(s) of Funding	% of Total Budget
	%
	%
	%
	%

7. Is Applicant presently in bankruptcy or has Applicant contemplated filing bankruptcy during the past six months?  Yes  No

If yes, please explain: \_\_\_\_\_

8. List any licenses or accreditation Applicant is required to maintain: \_\_\_\_\_

9. In the past five years, has Applicant received any citations, violations, penalties or fines by any administrative or licensing organization?  Yes  No

If yes, please explain: \_\_\_\_\_

10. Does Applicant have any subsidiaries or control any other entity or organization for which coverage is desired?  Yes  No

If yes, please complete the following:

a. Name of other entity for which coverage is desired: \_\_\_\_\_

b. Address (if different from Applicant): \_\_\_\_\_

c. What is the relationship between the Applicant and the other organization(s)? \_\_\_\_\_

11. In the past three years has any insurance carrier declined, canceled or non-renewed any coverage for which Applicant is applying?  Yes  No

If yes, provide details: \_\_\_\_\_

**General Operations:**

12. Please provide a description of Applicant's operations and programs: \_\_\_\_\_

13. Is the Applicant exclusively an information and referral service (i.e., no direct services)?  Yes  No

14. Approximate number of clients served annually: \_\_\_\_\_

- Children under 10
- Youth 10 to 18
- Clients over 60 years of age
- Developmentally disabled
- Low-income/Homeless
- Physically disabled
- At-Risk/Disadvantaged
- Respite/Hospice/Terminally ill
- Drug/Alcohol addicted
- Dementia/Alzheimer's
- Non-ambulatory of any age
- Sex offenders
- Suicidal
- Known violent behavior
- Other (describe): \_\_\_\_\_

15. Does Applicant perform any engineering or restoration work (e.g., waterway or stream restoration)?  Yes  No

16. Is Applicant planning any renovations or new construction during the next two years?  Yes  No

If yes, please explain: \_\_\_\_\_

17. Does Applicant accept donations of real property (land or buildings) on a regular basis?  Yes  No

If yes, describe the type of property accepted including usage (e.g., residential home for rental): \_\_\_\_\_

**General Operations: (Cont'd)**

18. Does Applicant accept donations of vehicles?  Yes  No

If yes, explain how Applicant uses these donated vehicles (e.g., used in Applicant's daily operations, sold to a third party; repaired by Applicant and resold, etc.): \_\_\_\_\_

19. Are any clients held in locked down facilities?  Yes  No

If yes, please describe: \_\_\_\_\_

20. Does Applicant provide any Medical Services?  Yes  No

If yes, please explain: \_\_\_\_\_

Is evidence of Medical Malpractice coverage required for all Medical Service Providers employed or contracted by the Applicant?  Yes  No

If no, please explain: \_\_\_\_\_

21. Does Applicant employ counselors or other Social Service Professionals (veterinarians, teachers, nurses, etc.)?  Yes  No

If Social Services Professional Coverage is desired, please complete the "Social Services Professional" Supplemental Application.

**Special Events/Fundraisers**

Complete the section below to include all of your events and fundraisers.

**Note:** We define a "Fundraiser" as any event sponsored or co-sponsored by you with the primary purpose of raising monetary contributions.

22. Does Applicant hold events/activities outside of Applicant's normal programs and/or operations?  Yes  No

a. If yes, please complete the table below. If additional space is needed, please attach Special Event form or additional pages.

Event Name & Date	Describe Applicant's Activities Taking Place	# of Expected Attendees	Gross Revenue	Is Applicant a Participant or Host of the Event?	Is Alcohol Served or Sold By Applicant?	Does Applicant Require a Waiver from Participants?
<i>Example: Easter Egg Roll, March 31, 2013</i>	<i>Egg hunt, picnic lunch, face painting</i>	<i>75</i>	<i>\$0</i>	<i>Host</i>	<i>n/a</i>	<i>n/a</i>
			\$			
			\$			
			\$			

b. If yes, are vendors/exhibitors required to provide proof of General Liability insurance naming the Applicant as an Additional Insured?  Yes  No

c. Which events listed in 22.a. above have bounce houses, inflatables and/or climbing structures?

Name of Event: \_\_\_\_\_ # of Structures: \_\_\_\_\_  
 Name of Event: \_\_\_\_\_ # of Structures: \_\_\_\_\_  
 Name of Event: \_\_\_\_\_ # of Structures: \_\_\_\_\_

d. Describe the security and safety procedures in place for the events listed in 22.a. above:

Name of Event: \_\_\_\_\_ Procedures: \_\_\_\_\_  
 Name of Event: \_\_\_\_\_ Procedures: \_\_\_\_\_  
 Name of Event: \_\_\_\_\_ Procedures: \_\_\_\_\_

## Athletics/Sports

23. Does Applicant offer athletics/sports programs?  Yes  No

If yes, please answer the following:

a. Describe all athletic activities provided: \_\_\_\_\_

b. Number of annual participants: \_\_\_\_\_

e. Indicate type of sports offered (e.g., basketball, flag football, boxing, soccer, cheerleading): \_\_\_\_\_

f. Does your organization sponsor competitions or teams that participate in competitions?  Yes  No

If yes, is Applicant responsible for insuring these competitions or teams?  Yes  No

g. Are waiver/release/hold harmless agreements obtained for all participants?  Yes  No

## Foster Homes

24. Does Applicant certify Foster Homes?  Yes  No

If yes, please answer the following:

a. Does Applicant purchase Foster Parent Liability (FPL) insurance for foster parents?  Yes  No

If no, please note that we usually require this be purchased concurrent with our liability coverage.

b. Number of homes that Applicant certifies: \_\_\_\_\_

c. Number of children placed in homes by Applicant annually: \_\_\_\_\_

d. Number of years experience of Applicant's executive director in this field: \_\_\_\_\_

e. Does Applicant follow state regulations on foster care procedures?  Yes  No

f. Total number of training hours for each family prior to placement of each child: \_\_\_\_\_

g. Does Applicant provide follow-up visits to homes after children are placed?  Yes  No

If yes, how frequently? \_\_\_\_\_ Are the visits unannounced?  Yes  No

When do these visits stop? \_\_\_\_\_

h. Does Applicant conduct checks of criminal records of foster parents prior to approval of home?  Yes  No

i. Does Applicant have written procedures for responding to reports of abuse?  Yes  No

## Adoptions

25. Does Applicant provide adoption services?  Yes  No

If yes, please answer the following:

a. Are any adoptions "closed?"  Yes  No

If yes, please explain: \_\_\_\_\_

b. Number of adoptions performed annually: \_\_\_\_\_

c. Number of adoptions that are international: \_\_\_\_\_

d. Are you a member of the Joint Council on International Adoption or another similar organization?  Yes  No  
 Other

If other, please specify: \_\_\_\_\_

**Premises**

26. Does Applicant provide lodging or operate residential facilities?  Yes  No  
If yes, please answer the following:
- a. Number of beds for which Applicant is licensed, and square footage of each facility: \_\_\_\_\_  
\_\_\_\_\_
  - b. Number of stories in each building: \_\_\_\_\_
  - c. If two stories or more, number of means of egress: \_\_\_\_\_
  - d. Average length of stay per resident: \_\_\_\_\_
  - e. Age range of residents:  0-10  11-18  19-65  over 65
  - f. Percentage of non-ambulatory residents: \_\_\_\_\_%
  - g. Is there a 24-hour resident manager?  Yes  No
  - h. Is staff trained in a formal procedure for medical emergencies?  Yes  No
  - i. Is skilled nursing or medical care provided?  Yes  No
27. Does Applicant have a fire alarm system?  Yes  No
28. Does Applicant have smoke detectors on premises?  Yes  No
29. Is smoking allowed inside any premises?  Yes  No
30. Does Applicant have a swimming pool?  Yes  No  
If yes, please answer the following:
- a. Is pool fenced with a self-closing gate?  Yes  No
  - b. Is there a diving board?  Yes  No
  - c. Is there life-saving equipment accessible?  Yes  No
31. Does Applicant own, lease or rent any vacant buildings?  Yes  No  
If yes, please explain reason for vacancy, plans and time frame for occupancy: \_\_\_\_\_  
\_\_\_\_\_
32. Does Applicant offer your premises to others, either for rent or for free?  Yes  No  
If yes, please answer the following:
- a. Please explain general use and frequency: \_\_\_\_\_
  - b. Does Applicant obtain certificates of insurance showing proof of liability insurance from all who use the facility?  Yes  No

**Animals**

33. Does Applicant have any exposures involving animals?  Yes  No
34. Does Applicant have any saddle animal operations?  Yes  No  
If yes, please answer the following:
- a. Are animals used solely for therapeutic purposes?  Yes  No  
If no, explain other usage: \_\_\_\_\_
  - b. Are safety helmets required?  Yes  No
  - c. Are animals:  Owned by Applicant  Furnished to Applicant by third party
  - d. Number of animals owned by or used by Applicant: \_\_\_\_\_

**Animals (Cont'd)**

35. Does Applicant provide animal shelter/rescue services?  Yes  No

If yes, please indicate the number of:

a. Spaces, cages or kennels on Applicant's premises available to animals: \_\_\_\_\_

b. Animals placed in foster care annually: \_\_\_\_\_

c. Foster homes used annually: \_\_\_\_\_

d. Offsite adoptions held annually: \_\_\_\_\_

e. Are all animals vaccinated and held for observation prior to being placed in any homes (adoptive or foster)?  Yes  No

f. Is a health assessment of the animal conducted by a professional qualified to assess communicable disease?  Yes  No

g. Are behavioral evaluations performed by a qualified professional of all animals prior to placement (foster or adoption)?  Yes  No

h. Does Applicant place animals with known (current or historical) biting issues into homes (foster or adoption)?  Yes  No

i. Are waivers for volunteers of adoptive/foster homes maintained and do they include hold harmless language that specifically discloses that the animal may cause bodily injury to the volunteer, and that the volunteer will not hold the nonprofit responsible for any injury to themselves or family members that arise from the foster/adoptive relationship?  Yes  No

j. Does Applicant have accident coverage in place?  Yes  No

k. How long has Applicant been in business? \_\_\_\_\_

l. How many years experience does the Applicant's leadership have in this field? \_\_\_\_\_

36. Does Applicant employ animal control officers?  Yes  No

If yes, please answer the following:

a. How many? \_\_\_\_\_

b. Do they carry firearms?  Yes  No

c. Do these officers carry separate professional liability insurance?  Yes  No

37. Does Applicant operate any of the following?  Yes  No

If yes, provide annual sales for each:

Type	Annual Sales
<input type="checkbox"/> Pet Training	\$ _____
<input type="checkbox"/> Pet Grooming	\$ _____

**Performing and Fine Arts**

38. Does Applicant offer Performing or Fine Arts?  Yes  No

If yes, please answer the following:

a. Description of performances (e.g., dance, musical, plays): \_\_\_\_\_

b. Annual number of performances: \_\_\_\_\_

c. Average attendance at each performance: \_\_\_\_\_

d. Are performances held at premises owned or leased by Applicant?  Yes  No

e. Are any performances held away from premises owned or leased by Applicant?  Yes  No

f. Does Applicant provide concessions?  Yes  No

If yes, please provide annual receipts: \$ \_\_\_\_\_

g. Does Applicant provide classes to the public?  Yes  No

**Camping/Campgrounds**

39. Does Applicant own or operate a campground?  Yes  No  
 If yes, please answer the following:
- a. Is a caretaker present during off-season(s) (i.e., when camp sessions are not in session)?  Yes  No
  - b. Is camp located in a wilderness area?  Yes  No
  - c. Is camp located in an area at risk of wildfires?  Yes  No
40. Does Applicant provide camping experiences for clients?  Yes  No  
 If yes, please answer the following:
- a. Describe any special focus and/or activities offered (river rafting, ropes courses, climbing walls, etc.):  
 \_\_\_\_\_
  - b. Annual number of campers per day: \_\_\_\_\_
  - c. Number of days camp has campers on location each year: \_\_\_\_\_
  - d. Is there overnight exposure?  Yes  No

**Mentoring programs (e.g. Big Brothers Big Sisters)**

41. Does Applicant have any mentoring programs that match youth with mentors?  Yes  No  
 If yes, please answer the following:
- a. How many matches are made annually? \_\_\_\_\_
  - b. Is there a formal training and screening program in place?  Yes  No
  - c. Are any matches made of opposite genders?  Yes  No  
 If yes, explain: \_\_\_\_\_
  - d. Are permission slips obtained for all mentors/mentees under 18?  Yes  No
  - e. Are mentors allowed to take mentees to their private residence?  Yes  No

**Food or Merchandise Distribution (e.g. Food Banks, Thrift Stores, Meal Delivery, etc.)**

42. Does Applicant distribute or sell any food or merchandise?  Yes  No

Type	Gross Sales or Value of Goods Distributed
<input type="checkbox"/> Food	\$
<input type="checkbox"/> Used Merchandise	\$
<input type="checkbox"/> Other (describe):	\$

**Other Exposures**

43. Does Applicant have any premises, operations or exposures that are not stated in this application?  Yes  No  
 If yes, describe and state whether they are insured elsewhere: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SIGNATURES**

**Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and (NY: substantial) civil penalties. (Not applicable in CO, HI, NE, OH, OK, OR, OR VT. In DC, LA, ME, TN and VA, insurance benefits may also be denied). The undersigned is an authorized representative of the applicant and certifies that reasonable inquiry has been made to obtain the answers to questions on this application. He/she certifies that the answers are true, correct and complete to the best of his/her knowledge.**

**Notice: The policy for which you are applying is issued by a risk retention group. The risk retention group may not be subject to all of the insurance laws and regulations of your state of domicile. State insurance insolvency guaranty funds are not available for risk retention groups.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print or type applicant's name

\_\_\_\_\_  
Applicant's Title