

# NIA Nonprofits Select Application

## INSTRUCTIONS



This application is intended for **small 501(c)(3) nonprofit organizations only**.  
**If any of the following applies to the applicant, please STOP:**

- 6 or more locations
- Multi-Chapter Organizations\*
- Foster Family Agencies
- Fiscal Sponsors

**PLEASE NOTE:** Full-form applications with ACORD applications are required for all other nonprofits that do not qualify to use this simplified form, including, but not limited to, the four types listed above.

\*Multi-chapter organizations are nonprofit organizations seeking to insure more than one chapter of the organization under this policy.

## Applicant Information

**Information on pages 1-15 of this application is mandatory for submission clearance.**

**Don't worry about the length of this application, because...**

**You can check  N/A and skip over any sections that do not apply to the applicant.**

Applicant Name

Contact Person

Title

Contact Email

Website

Phone

Billing/Mailing Address

City / State / Zip

Quote Need by Date

Proposed Effective Date

Limits Requested

\$ Ea  / \$ Agg

FEIN #

Brokerage Name

Broker ID

Broker Contact Name

Broker Email





1. Approximate number of people served annually:

2. Indicate group(s) served:

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

3. Provide the following information regarding your current insurance policies. Indicate limits requested or check none - must select one option. **If this is a new entity that has never been insured, check here**

Type of Policy	None	Insurance Carrier	Term	Retro Date*
General Liability*	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Limit \$ Ea___ / \$ Agg___	Premium	Deductible
Employee Benefits Liability*	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Limit \$ Ea___ / \$ Agg___	Premium	Deductible
Social Service Professional*	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Limit \$ Ea___ / \$ Agg___	Premium	Deductible
Improper Sexual Conduct & Physical Abuse*	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Limit \$ Ea___ / \$ Agg___	Premium	Deductible
Auto (Owned and/or hired & non-owned auto liability)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Limit \$ Ea___ / \$ Agg___	Premium	Deductible

Table continued on next page



Type of Policy	None	Insurance Carrier	Term	Retro Date*
	<input type="checkbox"/>	Limit \$ Ea___ / \$ Agg___	Premium	Deductible
Property	None	Insurance Carrier	Term	Retro Date*
	<input type="checkbox"/>	Limit \$ Ea___ / \$ Agg___	Premium	Deductible
Directors & Officers / Fiduciary Liability*	None	Insurance Carrier	Term	Retro Date*
	<input type="checkbox"/>	Limit \$ Ea___ / \$ Agg___	Premium	Deductible
Employment Practices Liability*	None	Insurance Carrier	Term	Retro Date*
	<input type="checkbox"/>	Limit \$ Ea___ / \$ Agg___	Premium	Deductible
Umbrella**	None	Insurance Carrier	Term	Retro Date*
	<input type="checkbox"/>	Limit \$ Ea___ / \$ Agg___	Premium	Deductible

\* Copy of the current declaration page showing the retro and/or continuity date and a signed no-known loss letter on the Applicant's letterhead is required to offer Prior Wrongful Acts Coverage

\*\* Please submit an Umbrella ACORD if coverage is desired

\*\*\*Please download and complete a [No Known Loss Letter](#)

**PLEASE NOTE: Applicant must obtain Commercial General Liability coverage from NIA in order to obtain any other insurance coverages (i.e., Social Services Professional, Property, Umbrella, etc.) from NIA.**

- Provide currently valued loss runs for the past five (5) years, as well as a completed [NIA Claims Supplemental Application](#), for each claim that has been reported under any coverage line. If no coverage was in force, but an incident did occur, please also provide a completed [NIA Claims Supplemental Application](#). If none, check here:
- Does Applicant have knowledge, information, or access to information of any act, error, omission, or incident which might give rise to a claim or suit? **If yes, a completed [NIA Claims Supplemental Application](#) is required for each incident**  Yes  No
- In the past three (3) years, has any insurance carrier declined, canceled, or non-renewed any coverage for which the Applicant applying?  Yes  No



7. Has Applicant been involved in any grievance or other administrative proceeding before any agencies in the last five (5) years?  Yes  No

If yes, please explain:

(More space available on Page 30)

[Text input area for question 7]

8. Is 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  
Copy of IRS 1023 will be required at binding for nonprofits awaiting 501(c)(3) status.

9. In what state is Applicant incorporated?   
If not incorporated, please explain:  
(More space available on Page 30)

10. What is Applicant's principal operating state?

11. Complete the following: (Indicate 0 if none)

Annual Budget	Annual Payroll	Annual Sales	Number of Employees	Number of Volunteers
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

12. 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
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %

13. What year did the applicant begin operating?

14. Is Applicant presently in bankruptcy or have you contemplated filing bankruptcy during the past six months?  Yes  No  
If yes, provide details in comments section on Page 30.

15. How many years of experience does Applicant's director have in their current nonprofit field?

16. 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 Applicant's organization and the other organization(s)?

17. Does Applicant perform any engineering or restoration work (e.g., waterway or stream restoration)?  Yes  No  
If yes, provide details in comments section on Page 30.

18. Is Applicant planning any renovations or new construction during the next two (2) years?  Yes  No  
If yes, provide details in comments section on Page 30.



19. 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):

[Empty text box for answer to question 19]

20. Does Applicant accept donations of vehicles?  Yes  No
If yes, explain how these donated vehicles are used.
(e.g., used in daily operations, sold to a third party; repaired by you and resold, etc.):

[Empty text box for answer to question 20]

Please note that if Applicant accepts donated vehicles with the intent of selling to other parties, all vehicle donation transactions must be handled by independent third-party wholesalers.

21. Are any clients held in locked-down facilities? If yes, please describe:  Yes  No

[Empty text box for answer to question 21]

22. Does Applicant provide services to Tier II (Level 2) or Tier III (Level 3) adjudicated sex offenders?  Yes  No

23. Does Applicant provide any Medical Services? If yes, please describe:  Yes  No

[Empty text box for answer to question 23]

24. Does Applicant have an accident policy in place?  Yes  No
If yes, please confirm policy limits: \$ Ea [ ] / \$ Agg [ ]
If yes, please indicate if it covers:  Volunteers  Students  Participants (select all that apply)

25. Does Applicant have any exposures involving animals?  Yes  No
If yes, please explain: (More space available on Page 30)

[Empty text box for answer to question 25]

Fundraisers & Events

N/A (Skip to the Next Section)

“Fundraiser” is any event sponsored or co-sponsored by “Applicant” with the primary purpose of raising monetary contributions. “Event” is any activity sponsored or co-sponsored by “Applicant” apart from the regular scope of operations.

Does Applicant plan to hold any event(s) and/or fundraiser(s) that involve any of the following:

- 1. Any fundraiser or event with more than 500 people present at any one time  Yes  No
2. Athletic activities or contests (not including golf or bowling)  Yes  No
3. Animals (including, but not limited to, animals involved in rodeos, petting zoos, and animal exhibitions)  Yes  No
4. Carnivals, circuses, fairs, festivals, or parades  Yes  No
5. Firearms, weapons  Yes  No
6. Water events (other than swimming pools, lakes, rivers, or other bodies of water)  Yes  No
7. Powered rides or amusement attractions (including, but not limited to, climbing walls, slides, mechanical bulls, and bungee jumps)  Yes  No



- 8. Trampolines, bounce houses, rebounding equipment, inflatable amusement or sports devices, moon walks, or inflatable wrestling or combatant suits  Yes  No

If Applicant has responded "yes" to any of the items listed above, please complete [NIA's Special Event Application](#).

**Premises / Buildings**

[N/A \(Skip to the Next Section\)](#)

- 1. Does Applicant own, lease, or rent any buildings?  Yes  No

If yes, please list locations **and** provide square footage of space occupied and/or owned/leased by Applicant:

Location Address (include Street Address, City, State, and ZIP Code)	Exposure
<i>Example: 123 Main Street, Anytown, USA</i>	<i>Example: 2000 sf</i>

- 2. Are animals, other than ADA-recognized assistance animals, allowed inside the facility?  Yes  No
- 3. Does Applicant own or lease any buildings that are vacant or will become vacant?  Yes  No

- 4. Does Applicant offer their 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

- 5. Is a written evacuation plan posted?  Yes  No
- 6. Is smoking allowed inside any premises?  Yes  No

**Shelters / Group Homes / Residential Facilities**

[N/A \(Skip to the Next Section\)](#)

Name of Location	# beds	Square Feet	# Stories	Average Length of Stay	Resident Age Range	% Non Ambulatory

- 1. If two stories or more, number of means of egress:
- 2. Does Applicant practice fire and/or earthquake drills at least monthly or quarterly?  Yes  No



- 3. Does Applicant have a clear evacuation plan posted in each sleeping room?  Yes  No
- 4. Do all sleeping rooms have fire extinguishers?  Yes  No
- 5. Do all kitchens have a Class B or Class K fire extinguisher?  Yes  No
- 6. Is skilled nursing or medical care provided at any of the facilities?  Yes  No
- 7. Is there a 24-hour resident manager at each facility?  Yes  No
- 8. How often are rooms inspected?
- 9. Does each location have staff trained in a formal procedure for medical emergencies?  Yes  No
- 10. Are animals, other than ADA-recognized assistance animals, allowed inside the facility?  Yes  No
- 11. Do you provide any sort of drug detoxification treatment (i.e., methadone, suboxone, etc.)?  Yes  No

**Pools**

**N/A (Skip to the Next Section)**

- 1. Is pool fenced with a self-closing gate?  Yes  No  
If yes:
  - a. Is the height of the fence a minimum of 3.5 feet?  Yes  No
  - b. Does the fence have dual locks?  Yes  No
- 2. Is there a diving board?  Yes  No  
If yes, what is the height?
- 3. Is there lifesaving equipment readily accessible?  Yes  No
- 4. Are depths clearly marked?  Yes  No
- 5. Is the walking surface around the pool non-skid and in good condition?  Yes  No
- 6. Is there a trained lifeguard on duty?  Yes  No

**Advocacy / Social Justice**

**N/A (Skip to the Next Section)**

- 1. Please describe the nature of advocacy work:
- 2. In the last three (3) years has Applicant been a plaintiff or defendant in any suits?  Yes  No
- 3. Does Applicant conduct any undercover investigations/operations?  Yes  No
- 4. Is the focus of your work primarily local, national, or international?
- 5. Describe the types of demonstrations/marches planned:
- 6. Does Applicant actively investigate or litigate for their cause?  Yes  No  
If yes, provide details in comments section on [Page 30](#).
- 7. If Applicant advocates for health/medical needs, please provide the following:
  - a. Does Applicant pay for, promote, rebate, or reimburse clients' prescription drugs?  Yes  No
  - b. Does Applicant recommend or prescribe specific medications?  Yes  No
  - c. Does Applicant conduct or promote clinical trials?  Yes  No
  - d. Does Applicant operate a laboratory or store specimens?  Yes  No





Child & Adult Daycares / Schools

N/A (Skip to the Next Section)

- 1. If the nonprofit only offers daycare, are the primary clients children or adults?
- 2. What is the average daily enrollment?
- 3. If the nonprofit is a school, is the school a private school charging tuition for enrollment?  Yes  No  
If yes, please provide the following:
  - a. What is the dollar value of annual tuition?
  - b. What percentage of the total annual tuition is awarded in scholarships/financial aid?
  - c. Does Applicant have a contingency plan if the building is unable to be occupied?  Yes  No
- 4. Is the facility currently licensed or registered with the state?  Yes  No
- 5. Has the facility's license, registration, or certification ever been revoked or suspended?  Yes  No
- 6. Is a written procedure for all emergencies implemented, and are the organization's caregivers/aides trained to use them?  Yes  No
- 7. How often are emergency evacuation drills conducted?
- 8. Is the staff trained in CPR and first aid?  Yes  No
- 9. Do you transport clients to and from the facility?  Yes  No  
If yes, please answer the following questions:
  - a. Is a procedure in place for drop-off / delivery?  Yes  No
  - b. Is a procedure in place for pickup/release of clients to guardians?  Yes  No  
If yes, please indicate which of the following are included in this procedure:
    - i. Sign-out sheet?  Yes  No
    - ii. Staff member checks ID before releasing the client?  Yes  No
    - iii. Staff member calls guardian when unfamiliar person comes to pick up the client?  Yes  No
- 10. Is the facility locked, with limited access to prevent clients from leaving?  Yes  No
- 11. Are signed/dated Waivers of Liability, Release, Assumption of Risk & Indemnity Agreements received from all parents and/or guardians?  Yes  No
- 12. What is the staff-to-client ratio?
- 13. Do you have playground(s) or play structure(s)?  Yes  No  
If yes, please answer the following questions:
  - a. What type of fall surface is underneath the playground equipment?
  - b. Is the ground covering at least 12 inches deep?  Yes  No
  - c. Is adult supervision present at all times while clients are on the playground?  Yes  No
  - d. Is there a fence with a locked gate around the playground?  Yes  No
- 14. Does Applicant take clients/students on field trips?  Yes  No  
If yes, please answer the following questions:
  - a. Approximately how many field trips are taken annually?
  - b. Are any field trips taken to swimming pools and/or lakes?  Yes  No



**Athletics / Sports Programs**

**N/A (Skip to the Next Section)**

1. Provide a description of all activities/programs involving sports:

[Text input area for description of activities]

2. Total number of annual participants:

[Text input area for number of participants]

3. Are waiver/release/hold harmless agreements obtained for all participants?

Yes  No

**PLEASE NOTE: Competitive athletic/sports leagues and competitive travel leagues are ineligible. Recreational athletic/sport activities or programs, which are skill-building and/or instructional, are acceptable.**

4. Please indicate types of sports performed:

- Baseball
- Basketball
- Boxing
- Cheerleading
- Dodgeball
- Fencing
- Football-Flag
- Football-Tackle
- Gymnastics
- Hockey
- Ice Skating
- Karate
- Lacrosse
- Martial Arts
- Motocross (BMX, etc.)
- Rugby
- Running / Triathlons
- Skateboarding
- Soccer
- Softball
- Surfing
- Swimming
- Tennis
- Volleyball
- Winter Sports
- Wrestling
- Other (describe):

[Text input area for other sports]

**Equine Therapy / Rescue**

**N/A (Skip to the Next Section)**

1. Are animals:  Owned by Applicant  Furnished to you by a third party

2. Number of saddle animals owned by or used by you:

[Text input area for number of saddle animals]

3. How many years' experience does your leadership have in this field?

[Text input area for years of experience]

4. Are safety and barn rules posted at the facility?

Yes  No

5. Are animals used solely for therapeutic purposes?

Yes  No

If no, explain other usage:

[Text input area for other usage]

6. Are safety helmets required?

Yes  No

7. Does the facility obtain parental permission for minors and secure waivers, including a hold harmless agreement, from all participants?

Yes  No

8. What is the minimum age of riders?

[Text input area for minimum age]

9. What is the staff/student ratio?

[Text input area for staff/student ratio]

10. Do you fasten developmentally disabled clients to any part of the saddle and follow EAGALA guidelines for the state, if applicable?

Yes  No

If no, why not?

[Text input area for why not]



- 11. How many hours per day will each horse participate in lessons?
- 12. Are the horses conditioned/trained regularly and warmed up prior to their lesson?  Yes  No
- 13. How many horses are utilized per group?
- 14. What certifications do the equine therapy instructors have?
- 15. If Applicant provides equine rescue, including foster and/or adoption, please complete the following:
  - a. Will Applicant require a contract/agreement, including hold harmless wording, from all adopters?  Yes  No
  - b. Are horses with previously known aggression or behavior issues placed for adoption?  Yes  No
  - c. Are potential adopters/owners allowed to ride the horses prior to adoption/ownership?  Yes  No

If yes, please provide detail of safety protocols in place:

### Animal Rescue Organizations

[N/A \(Skip to the Next Section\)](#)

- 1. Does Applicant provide animal shelter/rescue services?  Yes  No  
 If yes, please indicate the number of:
  - a. Spaces, cages or kennels on your premises available to animals:
  - b. Animals placed in foster care annually:
- 2. What type of animal(s) do you accept?
- 3. Do you obtain dogs outside of their state or country of domicile?  Yes  No  
 If yes, please describe:
- 4. Where are animals kept prior to foster and/or adoption?
- 5. Please describe your procedure(s) before accepting or placing the animal in a foster or adoptive home:
- 6.  # dog foster homes     # cat foster homes     # other foster homes
- 7. Number of off-site adoptions held annually:
- 8. Are all animals vaccinated and held for observation prior to being placed in any homes (adoptive or foster placements)?  Yes  No  
 If not held for observation prior to placement, please provide additional information:
- 9. Is a health assessment of the animal conducted by a professional qualified to assess communicable disease?  Yes  No
- 10. Are behavioral evaluations performed by a qualified professional of all animals prior to placement (foster or adoption)?  Yes  No  
 If yes, please describe:



11. Does Applicant have a rehabilitation / retraining program for animals in your care with known (current or historical) biting issues and/or aggressive tendencies?  Yes  No

If yes, please explain:

[Empty text box for explanation]

NIA defines "Aggressive Animals" as any animal, which is known to have been:

- Responsible for inflicting injury on a human being on public or private property;
- Responsible for killing or inflicting severe injury on a domestic animal while off the owner's property;
- Used in the commission of a crime;
- Previously under investigation and deemed to be dangerous by Animal Control and/or local authorities, or;
- Surrendered with a known history of biting or other aggressive behavior by the prior owner or a governmental entity, notwithstanding any subsequent finding to the contrary by you, an insured, by any other person for whom an insured is legally responsible or by an animal behaviorist.

12. Does Applicant accept Aggressive Animals to your program or place Aggressive Animals into homes (foster or adoption)?  Yes  No

13. If an animal not previously thought to be an Aggressive Animal is subsequently discovered to be an Aggressive Animal after entering your program, will Applicant remove that animal from your program (i.e., no longer foster it out, make it available for adoption, or keep custody of it)?  Yes  No

14. Has Applicant ever received a complaint or been sued in court because of a foster or adoption placement of an animal resulting in the injury of a person?  Yes  No

If yes, please describe:

[Empty text box for description]

15. Are waivers for all volunteers of the organization maintained, including foster homes, 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

16. Does Applicant have participant/volunteer accident coverage in place? [Accident coverage](#) is required to bind GL.  Yes  No

17. How many years of experience does Applicant's leadership have in this field? [Empty text box]

18. Does Applicant employ animal control officers?  Yes  No

If yes, please answer the following questions:

- a. How many? [Empty text box]
- b. Do they carry firearms?  Yes  No
- c. Do these officers carry separate professional liability insurance?  Yes  No

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

If yes, please provide annual sales for each:

Type	Annual Sales
<input type="checkbox"/> Pet Training	\$ [Empty text box]
<input type="checkbox"/> Pet Grooming	\$ [Empty text box]

Type	Annual Sales
<input type="checkbox"/> Pet Boarding	[Empty text box]
<input type="checkbox"/> Thrift Stores	[Empty text box]



Camping Experiences / Retreat Centers

N/A (Skip to the Next Section)

PLEASE NOTE: NIA is not a market for Property coverage for camping and/or retreat centers. NIA can consider Casualty lines only.

- 1. Does Applicant own or operate a retreat center?
If yes, please answer the following questions:
a. Is a caretaker present during off-season(s) (i.e., when camp is not in session)?
b. Is the camp accredited by the ACA or other accrediting agency?
c. Is the camp located in a wilderness area?
d. Is the camp located in an area at risk for wildfires?
2. Is there a lake/pond on the retreat center premises?
If yes, please answer the following questions:
a. Does Applicant have open water-certified lifeguards?
b. Does Applicant have lifeguards dedicated to monitoring any water "blob" structures, slides, etc.?
3. Does Applicant provide any camping experiences for clients?
If yes, please answer the following questions:
a. Describe all activities offered (i.e., river rafting, zip lines, ropes course, climbing walls, etc.):
If there is a ropes course:
b. Is it built to Adventure Challenge Course Technology Standards?
c. Please provide the date the course was last inspected:
d. Please enclose a copy of Applicant's last inspection report
If there is a zip line:
e. Is it built to Adventure Challenge Course Technology Standards?
f. Please provide the date the course was last inspected:
g. Please enclose a copy of Applicant's last inspection report
4. Are signed/dated waivers of liability, release, assumption of risk & indemnity agreements received from all parents and/or guardians?
5. What is the staff-to-client ratio?
6. Average number of campers per day?
7. Number of days camp has campers on location annually?
8. Is there an overnight exposure?
If yes, are the campers segregated by gender during sleeping hours?



**Mentoring Programs (such as Big Brothers, Big Sisters)**

**N/A (Skip to the Next Section)**

- 1. How many matches are made annually?
- 2. Is there a formal training and screening program in place?  Yes  No
- 3. Are any matches made of opposite genders?  Yes  No  
If yes, please explain:
- 4. Are permission slips obtained for all mentors/mentees under 18 years of age?  Yes  No
- 5. Are mentors allowed to take mentees to their private residence?  Yes  No

**Performing and Fine Arts**

**N/A (Skip to the Next Section)**

- 1. Please provide description of performances (e.g., dance, musical, plays):
- 2. Annual number of performances:
- 3. Average attendance at each performance:
- 4. Does Applicant provide concessions?  Yes  No  
If yes, please provide estimated gross annual sales:
- 5. Does Applicant provide classes to the public?  Yes  No

**Food or Merchandise Distribution  
(Food Banks, Thrift Stores, Meal Delivery)**

**N/A (Skip to the Next Section)**

- 1. Does Applicant distribute or sell food and/or merchandise?

Type	Gross Sales or Value of Goods Distributed
<input type="checkbox"/> Food	\$ <input type="text"/>
<input type="checkbox"/> Used Merchandise	\$ <input type="text"/>
<input type="checkbox"/> Other If other, describe	\$ <input type="text"/> <input type="text"/>

- 2. Are aisles kept clear and unobstructed?  Yes  No
- 3. Are goods properly stored and stacked?  Yes  No
- 4. Are incoming foods sorted to identify spoiled and/or hazardous goods?  Yes  No
- 5. Are product expiration dates monitored?  Yes  No
- 6. Are all employees and volunteers trained in the operation of all equipment?  Yes  No
- 7. Does Applicant provide merchandise pick-up services?  Yes  No



8. Are forklifts used?  Yes  No  
 If yes, please answer the following:
- a. Do forklifts have back-up alarms?  Yes  No  
 b. Are forklift drivers certified and trained to operate forklifts?  Yes  No

**Vocation Training / Products Manufacturing**

**N/A (Skip to the Next Section)**

1. Do you provide vocational training and/or manufacture any products?  Yes  No  
 If yes, what products are manufactured?
2. If wood products are manufactured, is a dust-collection system present?  Yes  No
3. What is the dust-collection system cleaning schedule frequency?
4. Is personal protective equipment (PPE) provided by you to the workers?  Yes  No
5. Number of clients that participate in the program:

**Construction / Weatherization**

**N/A (Skip to the Next Section)**

1. Is any construction/weatherization performed by Applicant's employees/volunteers and/or by subcontractors?  Yes  No
2. If performing trade work, are volunteers appropriately licensed in their respective trades?  Yes  No
3. If work is performed by subcontractors:
- a. Are certificates of insurance obtained?  Yes  No  
 b. Are you named as an Additional Insured on the subcontractor's Commercial General Liability insurance policy?  Yes  No
4. Please indicate the types of work performed:
- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Appliance installation | <input type="checkbox"/> Framing            | <input type="checkbox"/> Roofing             |
| <input type="checkbox"/> Deck construction      | <input type="checkbox"/> Handicapped ramps  | <input type="checkbox"/> Window installation |
| <input type="checkbox"/> Drywall                | <input type="checkbox"/> Interior carpentry | <input type="checkbox"/> Other (describe):   |
| <input type="checkbox"/> Electrical wiring      | <input type="checkbox"/> Interior painting  | <input type="text"/>                         |
| <input type="checkbox"/> Exterior painting      | <input type="checkbox"/> Plumbing           | <input type="text"/>                         |



# Business Auto Liability

[N/A \(Skip to Page 18\)](#)

## Owned Autos and Hired/Non-Owned Auto Liability

1. Does Applicant own or lease vehicles or mobile equipment (not including short-term rentals)  Yes  No

If no, and Applicant wishes to purchase Hired and Non-Owned auto only complete questions 2 through 8

If yes, please note the following and complete questions 2 through 10.

- a. NIA does not provide Hired and Non-Owned Auto Liability coverage unless it also provides insurance for all owned/leased vehicles.
- b. Completed Auto ACORD 127 and 137 applications must be submitted with this application.
- c. NIA no longer orders, requests, adds, deletes, maintains, or evaluates MVRs and driver records. NIA asks that the applicant follow NIA's "Guidelines for Drivers of Agency Vehicles" when deciding whether to allow someone to drive. A link to NIA's underwriting criteria for drivers of agency-owned vehicles can be found here: [NIA Driver Guidelines](#).

2. Does Applicant currently have any Non-Owned & Hired/Commercial Auto 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	Premium

3. Does Applicant have a procedure in place to annually verify personal auto insurance for all employees and volunteers who may use their personal autos for company business?  Yes  No

**If no, Applicant will be required to put procedures in place in order to bind Non-Owned Auto Liability coverage.**

4. How many employees/volunteers drive their personal vehicles regularly on behalf of the Applicant?

Number of drivers transporting clients:

5. How often does a typical employee or volunteer drive their personal vehicles on behalf of the Applicant?

- Daily  1-3 times per week  Less than once per week  Few times a year

6. What is the vehicle usage of volunteers/employees driving their personal vehicles? (Check all that apply)

- Meal Delivery  Errands/Business Travel  Transport Clients/Residents

Other – Describe:

7. Does the Applicant rent/hire vehicles?  Yes  No

If yes, please answer the following questions:

a. Indicate annual estimated cost of hire or rental: \$

b. Does Applicant hire vehicles with drivers?  Yes  No

8. Does Applicant have knowledge, information, or access to information of any auto-related act, error, omission, or incident involving an owned, hired, and/or non-owned vehicle, which might give rise to a claim or suit?  Yes  No

**If yes, a completed [NIA Claims Supplemental Application](#) is required for each incident.**

9. How many vehicles or mobile equipment (do not include short-term rentals) does the Applicant own or lease?





10. Are any of these vehicles equipped for transporting the physically impaired?  Yes  No  
If yes, please answer questions "a" through "h".

a. Number of vehicles?

With wheelchair Lifts	With Loading Ramps	With No Special Equipment

**(Please submit a vehicle list indicating which ones are specially equipped along with a completed Auto ACORD. For those with a loading ramp, indicate if ramp is fixed or portable)**

b. Do all of your equipped vehicles follow the ADA standards/requirements listed below?

- 1. 4pt or 5pt tie-down/securements with lap & shoulder belt?  Yes  No  Unsure
- 2. Ramp doors with an opening height of at least 56"?  Yes  No  Unsure
- 3. Lifts with at least a 30" x 48" clear platform and 2 handrails?  Yes  No  Unsure
- 4. Gearshift interlocks? (vehicle is immobile when lift is not stowed)  Yes  No  Unsure

c. Tie-down/securement manufacturer?  Unsure

d. Is training on tie-down procedures given to all staff handling wheelchair transport?  Yes  No

If no, please explain:

e. Describe your wheelchair tie-down training procedure protocols including number of hours and if hands-on practices are included?

(include a separate page if needed or attach a copy of your protocols)

f. Do all drivers have a minimum of one year experience transporting the elderly or those with physical disabilities?  Yes  No  Unsure

If no or unsure, please explain:

g. What is your policy for handing a wheelchair bound client who refuses securement or refuses to be secured?

(include a separate page if needed or attach a copy of your policy)



# Improper Sexual Conduct & Physical Abuse Liability

[N/A \(Skip to Page 19\)](#)

**PLEASE NOTE:** NIA requires background checks only for the following employees or volunteers of the Applicant:

- Those who have supervisory or disciplinary powers over minors
- Those who provide care for the elderly, the handicapped, or mentally impaired

**The following questions apply to those individuals indicated above.**

A [discounted background-check service](#) is available to NIA's insured members.

1. Please indicate the limits requested: \$ Ea  / \$ Agg
2. Please provide the number of employees or volunteers that have supervisory or disciplinary powers over minors, care for the elderly, the handicapped, or mentally impaired:
3. Does Applicant obtain background checks for employees?  Yes  No
4. Does Applicant obtain background checks for volunteers?  Yes  No
5. Does Applicant require evidence that background checks are performed on independent contractors?  Yes  No  
If no, please explain:
6. Do any employees or volunteers have unsupervised contact with clients?  Yes  No  
NIA defines "unsupervised" as one employee or volunteer in the presence of one client without direct oversight by at least one other employee or volunteer.  
If yes, please explain:
7. Does Applicant have a formal incident procedure in place that requires staff to report to an administrator all incidents that may result in a claim?  Yes  No  
If yes, please answer the following questions:
  - a. Are written procedures/reports kept and reviewed regularly?  Yes  No
  - b. Are employees and volunteers trained in this formal incident reporting protocol?  Yes  No
8. Is there formal staff training on sexual or physical abuse or molestation, including how to recognize the signs of abuse and reporting procedures?  Yes  No  
If yes, is the training conducted annually for all staff?  Yes  No
9. Does Applicant have a written crisis plan in place for dealing with employees, victims, parents, authorities, and the media if there is an incident of abuse?  Yes  No
10. Is Applicant in compliance with any/all federal and state mandatory reporting laws?  Yes  No
11. Is Applicant's current coverage written on a claims made policy form?  Yes  No  
**If yes, please attach the policy declarations outlining the applicable retro date(s).**
12. Does Applicant have knowledge, information, or access to information of any improper sexual conduct or physical abuse-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.**



## Social Service Professional Liability

[N/A \(Skip to Page 22\)](#)

Professionals usually provide a direct service to clients on behalf of the Nonprofit.

1. Please indicate the limits requested: \$ Ea  / \$ Agg
2. Does Applicant have knowledge, information, or access to information of any act, error, omission or incident performed in the course of delivering services that might give rise to a claim or suit?  Yes  No

**If yes, a completed [NIA Claims Supplemental Application](#) is required for each incident.**

3. Indicate the number of professionals that currently work for you as Employees, Volunteers, and Independent Contractors in the following professional capacities:

Provider	Employees		Volunteers		Independent Contractors	
	Full-Time	Part-Time	Full-Time	Part-Time	Full-Time	Part-Time
Acupuncturist						
Adoption Service Employee						
Aide						
Assisted Living Provider						
Certified Enrollment Counselor						
Childcare Worker						
Chiropractor						
CNA/LPN/Nurse Assistant						
Coach/Assistant Coach						
Companion Care/Home Aide						
Daycare Provider						
Dental Hygienist/Assistant						
Educator/Instructor/Teacher						
Group Home/Supported Living						
Home Health Aide (greater skill)						
Intake Coordinator/Specialist						
Mentor/Tutor						
Nutritionist/Dietician						
Optician						
Personal Care Attendant						
Phlebotomist						
Psychologist/Psychotherapist						
Recreational Instructor						
RN						
Social Worker/Case Worker						
Therapist/Counselor (All)						
Veterinarian						
Other Professionals (describe):						



4. Indicate number of Medical Professionals who currently work for Applicant as employees, volunteers, and independent contractors in the following medical professional capacities:

Medical Services Provider	Employees		Volunteers		Independent Contractors	
	Full-Time	Part-Time	Full-Time	Part-Time	Full-Time	Part-Time
Dentist						
Nurse Anesthetist, Midwife and/or Nurse Practitioner						
Optometrist						
Paramedic/EMT						
Pharmacist						
Physician Assistant						
Physician/Surgeon/Psychiatrist						

**PLEASE NOTE: NIA's policy may extend vicarious professional coverage to the nonprofit entity as respects professional services rendered on the insured's behalf only if the above employed or volunteer professionals carry their own medical malpractice insurance with a minimum limit of liability of \$1,000,000.**

5. How many hours per week constitutes "part-time" for professionals who volunteer for your organization?
6. Does Applicant use any independent contractors to perform professional services on behalf of the nonprofit?  Yes  No  
 If yes, please answer the following questions:
- a. Do you require them to sign a hold harmless or indemnification agreement?  Yes  No
  - b. Do you require and maintain on file certificates of insurance for each independent contractor reflecting minimum limits of liability of \$1,000,000?  Yes  No
  - c. Do you require that all independent contractors name your organization as an Additional Insured on their insurance policy?  Yes  No
7. Has Applicant ever:
- a. Been reprimanded, refused admission to, or suspended by any association or administrative agency?  Yes  No
  - b. Had their license been under investigation, suspended, revoked, voluntarily surrendered, or placed under conditional status?  Yes  No
- If yes to either question above, please provide details:
8. Does Applicant prescribe or provide medication to clients/residents?  Yes  No  
 If yes, please confirm if which procedures are in place when dispensing medications to clients:
- a. Written guardian permission is required  Yes  No
  - b. Medication is kept in its original container/package  Yes  No
  - c. Written instructions for use are provided by the guardian  Yes  No
  - d. Written records are kept of all medications dispensed  Yes  No
9. Does Applicant verify licenses and other credentials of employees, volunteers, and independent contractors, before they begin work?  Yes  No  
 If no, please explain:
- If yes, are procedures in place to verify current licenses are maintained and in good standing?  Yes  No



- 10. Does Applicant have a formal incident procedure in place that requires employees, volunteers and independent contractors to report to an administrator?  Yes  No  
If yes, is a written record kept and reviewed regularly?  Yes  No
- 11. Are clients required to sign a Statement of Faith?  Yes  No
- 12. Does Applicant provide any sort of drug detoxification treatment (i.e., methadone, suboxone, etc.)?  Yes  No
- 13. Does the facility require that incoming clients stop taking any and all prescription medications the client is taking?  Yes  No
- 14. Does the facility use alternative methods of treatment such as the holistic method or otherwise?  Yes  No
- 15. Does the facility utilize a sauna or steam treatments as part of their detoxification process?  Yes  No

**Home Health Services (Questions #16-20)**

**N/A (Skip to the Next Section)**

- 16. Does Applicant require written plan by attending physician of clients prior to being accepted for home health services?  Yes  No  
If no, please explain:
- 17. Does Applicant require attending physician to provide written plan for all clients before accepting them for home healthcare services?  Yes  No
- 18. Are written, enforced, and monitored policies and procedures in place regarding the following?
  - a. Medical record documentation  Yes  No
  - b. Incident reporting  Yes  No
  - c. Employee training  Yes  No
  - d. Handling of complaints  Yes  No
  - e. When should providers contact a physician  Yes  No
  - f. Client care home visits documentation  Yes  No
  - g. Clients no longer meeting the criteria for home care  Yes  No
  - h. Client transfers to a hospital  Yes  No

19. If you answered "no" to any of the questions above, please explain:

- 20. Does Applicant operate a crisis hotline?  Yes  No  
If yes, is training provided to all employees/volunteers answering calls?  Yes  No



# NONPROFITS OWN® Board & Executive Liability

N/A (Skip to Page 25)

## Directors & Officers Liability • Employment Practices Liability • Fiduciary Liability

1. Please indicate the limits requested: \$ Ea  / \$ Agg
2. Is any current coverage written on a claims made policy form?  Yes  No  
 If yes, please confirm retroactive date:   
**In order to bind Prior Wrongful Acts coverage, the Applicant must provide loss runs back to the requested retroactive date and must complete NIA's No-Known Loss Letter on their letterhead.**
3. Indicate total number of board members:
4. Is the number of board members currently serving on your board of directors in compliance with the number required by the Bylaws or Articles of Incorporation of the organization?  Yes  No  
 If no, please explain:
5. Have more than 49% of your board of directors received compensation within the previous twelve (12) months for their services to the nonprofit, either as an employee or independent contractor?  Yes  No  
 If yes, please explain:
6. Are more than 49% of the members of your board of directors related (sibling, spouse, in-law, or descendant) to a person currently being compensated as described in the question above?  Yes  No  
 If yes, please explain:
7. Are board meetings held at least two (2) times per calendar year?  Yes  No
8. Are written minutes of board and committee meetings kept?  Yes  No
9. Is attendance kept for every board meeting?  Yes  No
10. Does the board approve compensation of the following:
  - a) Executive Director or CEO:  Yes  No
  - b) CFO, Treasurer, or Financial Manager:  Yes  No
  - c) Is compensation of the positions listed above comparable to salaries in the marketplace?  Yes  No
11. Has the board of directors discussed the unsatisfactory performance of or had any turnover of the Executive Director, CEO, CFO, HR staff, or other key management personnel during the past twelve (12) months?  Yes  No  
 If yes, please explain:
12. Is a procedure in place for replacing board members who do not attend board meetings regularly?  Yes  No
13. Does the board have an Audit Committee that is independent of management (i.e., paid employees who do not serve on this committee)?  Yes  No
14. Has the board adopted a Conflict of Interest policy for management and board of directors?  Yes  No



15. Please provide the following financial information for your organization.

Check here if new organization and provide estimates below:

990 Line Item	Financial Information	Most Current Fiscal Year Year Ending	Previous Fiscal Year Year Ending
Line 12	Annual Revenue	\$	\$
Line 18	Annual Expenses	\$	\$
Line 19	Net Revenue	\$	\$
Line 20	Total Assets	\$	\$
Line 21	Total Liabilities	\$	\$
Line 22	Fund Balance*	\$	\$

\*(Fund Balance = Total Assets – Total Liabilities)

If current year reported above indicates a negative fund balance, please provide an explanation that includes steps Applicant is taking to avoid in the future and submit the most recent 990 tax form or audited financials including notes.

16. Has Applicant made any loans to, or received loans from, key employees or board members in the past three (3) years?  Yes  No

If yes, please provide loan details: (if more space needed, please attach an additional page)

From Whom:  To Whom:   
 Reason:   
 Amount: \$  Interest:  % Terms:

17. For the most recent fiscal year, has Applicant reported any Related Party Transactions in their financial statement?  Yes  No

If yes, please explain.

18. Do you have employees?  Yes  No

If no: Applicants that have no employees are eligible for NIA's Flat-Fee D&O policy, which excludes Employment Practices Liability coverage. If interested in NIA's Flat-Fee policy, check here:

If yes, please indicate number of current employees:

Full-Time Exempt (Salaried)	Full-Time Non-Exempt (Hourly)	Part-Time, Temporary or Seasonal
<input type="text"/>	<input type="text"/>	<input type="text"/>

Of the employees listed in item B above, are any employees represented by a union?  Yes  No  
 If yes, how many?



19. How many employees have left the organization in the past twelve (12) months?

If none, check here:

Voluntary	Involuntary/Laid Off

If Applicant's most recent annual turnover rate is greater than 15%, please explain:

[Empty text box for explanation]

20. Is any significant reduction of employees or change of employee status anticipated in the next twelve (12) months?

Yes  No

If yes, please explain:

[Empty text box for explanation]

21. Indicate date Personnel Handbook was last updated by a Labor Law Professional:

[Empty text box for date]

22. Please indicate whether you have the following written policies or procedures in place:

- a. Employment At-Will:  Yes  No
- b. Sexual Harassment Complaints:  Yes  No
- c. Anti-Retaliation (including employee whistleblower protection):  Yes  No
- d. Sexual Harassment Prevention Training:  Yes  No

23. Have any of your employees received training regarding your obligation concerning accommodation of disabled employees or applicants?

Yes  No

24. Is there an employee who is trained in conducting investigations into allegations of sexual harassment?

Yes  No

25. How many employees have the full-time responsibility of handling Human Resources issues for your organization (including the administration of employee benefits programs)?

[Empty text box for number of employees]

Do these employees have formal training or certification in Human Resources?

Yes  No

Please provide the following for each:

Name	Title	# of Years in Position

26. Does Applicant have knowledge, information, or access to information of any act, error, omission, or incident which might give rise to a claim or suit, including any employment-related actions, claims, or suits?

Yes  No

If yes, a completed [NIA Claims Supplemental Application](#) is required for each incident.





## Employee Benefits Liability

N/A (Skip to Page 26)

1. Please indicate the limits requested: \$ Ea \_\_\_\_\_ / \$ Agg \_\_\_\_\_
2. In the past three (3) years, has any insurance carrier declined, canceled, or non-renewed any Employee Benefits Liability coverage for which Applicant has applied?  Yes  No  
If yes, please explain: \_\_\_\_\_
3. Number of employees: \_\_\_\_\_
4. Is a signed acceptance/rejection form kept in all employees' personnel files?  Yes  No
5. Has there ever been a dispute or threatened dispute over benefits?  Yes  No
6. Are benefits offered to all regular, full-time employees?  Yes  No
7. Are any benefits offered to part-time employees?  Yes  No
8. Does Applicant have a pension/retirement plan available to your employees?  Yes  No  
If yes, please complete the following:
- a. Plan is managed by:  Applicant  Third-Party Administrator – Name: \_\_\_\_\_
- b. Is the administrator of the plan also an investment advisor registered with the Securities and Exchange Commission?  Yes  No
- c. Investment decisions are made by:  Applicant  Employees  Other
- d. Does Applicant provide investment advice to employees?  Yes  No
9. Does Applicant currently have any Employee Benefits Liability coverage in force?  Yes  No  
If yes, please complete the following:

Prior Carrier	Effective Dates	Limit	Premium

10. Is Prior Wrongful Acts coverage desired?  Yes  No  
If yes, what is the retroactive date? \_\_\_\_\_
11. Does Applicant have knowledge, information, or access to information of any act, error, omission, or incident relating to the administration of your employee benefits program, which might give rise to a claim or suit?  Yes  No  
**If yes, a completed [NIA Claims Supplemental Application](#) is required for each incident.**



## Property

[N/A \(Skip to Page 28\)](#)

1. Please list all locations desired for Property coverage, along with the square footage of the space occupied and/or owned/leased by the applicant, the year built, the construction type, and the desired building and/or business personal property limits:

Loc#	Location Address (include Street Address, City, State, and ZIP Code)	Square Footage	Year Built	Construction Type*	Building Limit	Business Personal Property Limit

\*Not sure of the building construction type? Please use this reference guide for assistance:

Construction Type		
Frame	Joisted Masonry	Noncombustible
Description		
Buildings with exterior walls, floors, and roofs constructed of combustible material, primarily wood. Example: Single-family dwellings, sheds, barns, and wood-frame buildings with masonry/brick face veneer.	Buildings with masonry exterior walls and/or heavy timber construction.	Buildings with roofs, floors, and exterior walls constructed of noncombustible or slow-burning materials, primarily steel.

Construction Type	
Masonry Noncombustible	Modified Fire Resistive / Fire Resistive
Description	
Building with masonry exterior walls of at least 4 inches in thickness or buildings with exterior walls of fire-resistive construction.	Buildings with masonry walls, floors, roofs, and structural steel protection, or a solid masonry building, including reinforced concrete.

2. Does Applicant want a Property quote for the locations indicated above?  Yes  No

If yes, please select the Property deductible desired:

\$250  
  \$500  
  \$1,000  
  \$2,500  
  \$5,000  
  \$10,000



**NOTE: If additional coverages, limits, etc. are desired (i.e., Employee Dishonesty, Inland Marine, etc.), please submit the appropriate ACORD.**

3. Does applicant want equipment breakdown coverage?  Yes  No

4. Please confirm the following updates to any buildings listed in Question 1 that are older than 25 years.  
Please ensure location numbering matches that in Question 1:

<b>For any locations more than 25 years old, complete this chart</b>	<b>Location 1</b>	<b>Location 2</b>	<b>Location 3</b>	<b>Location 4</b>	<b>Location 5</b>	<b>Location 6</b>
Year roof was replaced						
Year electrical was updated						
Year heating was updated						
Year plumbing was updated						

5. Do all locations have a fire alarm system?  Yes  No

6. Do all locations have smoke detectors on the premises?  Yes  No

7. Are the smoke detectors at each location serviced at least semi-annually?  Yes  No

8. Are the fire extinguishers at each location serviced at least annually?  Yes  No



# Volunteer/Participant Accident

N/A (Skip to Page 30)

A program of QBE Insurance Corporation

Accident coverage is available for volunteers and/or participants.

**Volunteer:** One who enters into or offers him/her/themselves for a service of his/her/their own free will, and who the nonprofit organization would consider a volunteer.

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

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

2. Benefit Plan Desired:

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

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

3. 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
- % Business
- % Child Day Care
- % Community/Housing
- % Construction
- % Cultural/Social
- % Elderly/Infirm Care
- % Environmental
- % Fund Raising
- % Music/Choral
- % Schools
- % Senior Citizen Center
- % Shelter/Habitational
- % Theater
- % Vocational Training
- % Youth
- % Other (describe):



4. Volunteers:

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

One Day Per Year	Regular Volunteers	Average number of days per year for regular volunteers

5. 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

6. 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			

7. Does 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.**



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## Additional Remarks

[N/A \(Skip to Page 31\)](#)



# Signatures

**Applicable in CA:** 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.

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV:** Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA:** Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Notice:** The policy for which Applicant is 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.

**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.

**IMPORTANT:** Once this is signed, you will not be able to change any of the answers above. For changes after this, brokers can send an explanatory email.

Applicant's Signature

Producer's Signature

Print or type Applicant's name

Date

Applicant's Title

Date