



NIAC
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 Web site: _____ Check here if none available

Confirm Billing Address: _____

ADDITIONAL COVERAGES REQUESTED (Not otherwise requested on ACORD)

Social Service Professional Liability (Submit NIAC #3)

Improper Sexual Conduct (Submit NIAC #4)

Directors & Officers Liability (Submit NIAC #5)

Student/Volunteer Accident (Submit NIAC #7)

Employee Benefits Liability (Submit NIAC #8)

1. a) Is Applicant a nonprofit organization under the U.S. Internal Revenue Code 501(c)(3)?
 Yes No
If yes, attach a copy of IRS Determination Letter from the Department of Treasury.

b) **In what state is the nonprofit organization incorporated?** _____ (i.e. CA, NV, VT, TX, etc.)

2. To quote Non-owned/hired auto, organization must have a procedure in place to verify personal auto insurance for all employees & volunteers who may use their autos on agency business. Does applicant have procedure? Yes No
How many employees drive? _____ How many volunteers? _____
Are any vehicles or mobile equipment owned/registered to this organization? Yes No
If yes, how many? _____
It is a requirement that all owned vehicles or mobile equipment be registered to the nonprofit organization.

3. Are any events or fundraisers held by this applicant? Yes No
If yes, list anticipated events and fundraisers for the year on page 2.
(Attach supplemental page if needed)
If you hold events, including fundraisers, do vendors/exhibitors at your events provide certificates of insurance to you?
 Yes No

3. **Events and Fundraisers:**

Date	Event	# of Participants	Gross Revenue	Co-sponsors

4. Total number of employees _____ Total number of volunteers _____
- a. Are volunteers/trainees covered under a Workers' Compensation policy? Yes No
- b. Do you have a Volunteer Accident policy in place? Yes No
- c. Do you have a Student/Participant Accident policy in place? Yes No

5. Annual budget \$ _____ Annual payroll \$ _____ Annual sales if applicable \$ _____

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%)

Funding Source	% of Total

7. Are field trips taken? Yes No **If yes, provide Number of Trips, Destination and Mode of Transportation on a separate sheet.**

8. Do you provide lodging? Yes No **If yes, please answer the following:**

- Number of beds for which you are licensed _____
- Number of stories in the building _____
- Average length of stay per resident _____
- Age range of residents: 0-10 11-18 19-65 over 65
- Percentage of non-ambulatory _____%
- Is there a 24-hour resident manager? Yes No
- Do you have a plan for medical emergencies? Yes No
- Do you have a fire alarm system? Yes No
- Do you have smoke detectors on premises? Yes No
- Is smoking allowed on the premises? Yes No

9. Are you required to be licensed? Yes No

If yes, has your license to operate or the license or certificate of staff member(s) ever been suspended or revoked? Yes No

If yes, provide details. _____

10. Have you ever been subject to a hearing regarding your services or operations or are you now under review? Yes No **If yes, provide details.**

11. Do you provide any medical services? Yes No

If yes, provide details. _____

12. Do you provide counseling services? Yes No

If yes, please complete Social Service Professional Liability Supplement (NIAC #3).

13. Do you organize or sponsor rallies/civil demonstrations? Yes No

14. Do you publish books, periodicals, CD's or DVD's? Yes No

15. Do you provide a referral service, legal aid service or computer service to your members or to the public? Yes No
-
16. Are there premises, operations or exposures not stated in this application?
 Yes No
If yes, provide details.
-
-
-
-
17. Does applicant have any subsidiaries or control any other entity or organization for which coverage is desired? Yes No **If yes, please complete NIAC #10.**

I. 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.

Applicant's Signature	Date	Producer's Signature	Date
Print or type applicant's name		Applicant's Title	



**ACCIDENT INSURANCE PLAN
QUESTIONNAIRE FORM**

*A program for
Nonprofits' Insurance Alliance of California
Carrier: AIG Life Insurance Company*

Applicant Name: _____
Address: _____

GROUP TYPE

Check off the group type which matches your own. If your group is a mix, insert percentages, making sure the total adds up to 100%. If your group is not listed, describe your operation in the space provided below:

- | | | |
|--|--|--|
| <input type="checkbox"/> ____% Child Day Care | <input type="checkbox"/> ____% Youth Group | <input type="checkbox"/> ____% Community/Housing Group |
| <input type="checkbox"/> ____% Theater Group | <input type="checkbox"/> ____% Fund Raising Group | <input type="checkbox"/> ____% Vocational Training Group |
| <input type="checkbox"/> ____% Music or Choral Group | <input type="checkbox"/> ____% Senior Citizen Center | <input type="checkbox"/> ____% Cultural/Social Group |
| <input type="checkbox"/> ____% Business Group | <input type="checkbox"/> ____% Environmental Group | <input type="checkbox"/> ____% Elderly/Infirm Care |
| <input type="checkbox"/> ____% Other (describe) | | |

**PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS:
BASIC EXPOSURE**

- OPERATION:**
We are in operation ____ months per year.
- ONE TIME PARTICIPATION:** ____
Number of participants, clients or students who attend activities with your organization only one day per year.
- REGULAR PARTICIPATION:** ____
Number of participants, clients or students who attend on average ____ days per year.
- PRIOR INSURANCE:**
If you have purchased this coverage before, please submit loss runs.

VOLUNTEERS

- ONE TIME VOLUNTEERS:** ____
Number of volunteers who give their time to your organization only one day per year.
- REGULAR VOLUNTEERS:** ____
Number of volunteers who give their time on average ____ days per year.
- PRIOR INSURANCE:** ____
If you have purchased this coverage before, please submit loss runs.

OTHER EXPOSURE

8. If any volunteer/client/participant/student participates in any of the activities listed below, please complete the chart. If none of these activities apply, indicate by checking this box. None apply

ACTIVITY	NUMBER OF CLIENTS/STUDENTS/PARTICIPANTS	NUMBER OF VOLUNTEERS	APPROX. DAYS PER YEAR
Non-Contact Sports (I)			
Contact Sports			
Bus/Van Trips over 200 miles (II)			
Trips by Air (III)			
Foreign Trips			
Heavy Manual Labor (IV)			
24-Hour Activity			
Trips/Outings over 2 days long			

Definitions:

Non-Contact Sports - sports or athletic activities (excluding contact sports) with a schedule and registered regular participants or team roster.

Contact Sports - football, hockey, lacrosse, soccer, rugby and boxing.

Heavy Manual Labor - construction work, regular work with power tools, industrial manufacturing, or commercial agriculture.

24-Hour Activity - any activity lasting continuously for 24 hours or more.

BENEFIT PLAN DESIRED (Place "X" in box below indicating plan preferred.)

"X"	PLAN	ACCIDENT	CHECK DEDUCTIBLE REQUESTED	ACCIDENTAL DEATH & DISMEMBERMENT
<input type="checkbox"/>	A	\$5,000	<input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$250	\$5,000
<input type="checkbox"/>	B	\$10,000	<input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$250	\$5,000
<input type="checkbox"/>	C	\$25,000	<input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$250	\$5,000
<input type="checkbox"/>	D	\$50,000	<input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$250	\$5,000
<input type="checkbox"/>	E	\$75,000	<input type="checkbox"/> \$100 <input type="checkbox"/> \$250	\$5,000
<input type="checkbox"/>	F	\$100,000	<input type="checkbox"/> \$250	\$5,000
<input type="checkbox"/>	G	\$250,000	<input type="checkbox"/> \$250	\$5,000

SIGNED STATEMENT

I understand that coverage may be refused and that coverage cannot become effective until premium has been paid. The above is correct to the best of my knowledge. I understand that NIAC must approve my application before coverage is effected and may audit my records to verify proper payment.

Name (Print) _____ Date _____

Signature _____ Title _____