

NIAC
Supplemental Application
(To be submitted with ACORD applications)

Applicant Name: _____			
Contact Person: _____		Title: _____	
Phone: _____		Fax: _____	
Email: _____ <input type="checkbox"/> Check here if none available		Web site: _____ <input type="checkbox"/> Check here if none available	
Confirm Billing Address: _____			

ADDITIONAL COVERAGES REQUESTED (Not otherwise requested on ACORD)	
<input type="checkbox"/> Social Service Professional Liability	(Submit NIAC #3)
<input type="checkbox"/> Improper Sexual Conduct	(Submit NIAC #4)
<input type="checkbox"/> Directors & Officers Liability	(Submit NIAC #5)
<input type="checkbox"/> Student/Volunteer Accident	(Submit NIAC #7)
<input type="checkbox"/> Employee Benefits Liability	(Submit NIAC #8)

1.	<p>a) Is Applicant a nonprofit organization under the U.S. Internal Revenue Code 501(c)(3)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, attach a copy of IRS Determination Letter from the Department of Treasury.</p> <p>b) In what state is the nonprofit organization incorporated? _____ (i.e. CA, NV, VT, TX, etc.)</p>
2.	<p>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? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>How many employees drive? _____ How many volunteers? _____</p> <p>Are any vehicles or mobile equipment owned/registered to this organization? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, how many? _____</p> <p><i>It is a requirement that all owned vehicles or mobile equipment be registered to the nonprofit organization.</i></p>
3.	<p>Are any events or fundraisers held by this applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, list anticipated events and fundraisers for the year on page 2. <i>(Attach supplemental page if needed)</i></p> <p>If you hold events, including fundraisers, do vendors/exhibitors at your events provide certificates of insurance to you?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

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	