

**CARRIER:**

United States Liability Insurance Company

## Charities and Business Associations Application

APPLICANT MAY QUALIFY FOR AN INSTANT QUOTE BY COMPLETING SECTION I BELOW.

Package policy designed for office-based nonprofit organizations (including, but not limited to chamber of commerce, trade associations, business associations and charitable organizations)

**Coverage(s) Desired:** ☐ Property ☐ General liability ☐ Nonprofit management liability

### I. INSTANT QUOTE INFORMATION

*Instant Quote is only available for accounts with no losses in the past five years. If there is loss history, please complete the entire application.*

Applicant's name (include DBA name): \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ Province/Territory: \_\_\_\_\_ Postal code: \_\_\_\_\_

Location address: \_\_\_\_\_

City: \_\_\_\_\_ Province/Territory: \_\_\_\_\_ Postal code: \_\_\_\_\_

Web/Facebook address: \_\_\_\_\_ E-mail address: \_\_\_\_\_ Phone: \_\_\_\_\_

Inspection contact name: \_\_\_\_\_ E-mail address: \_\_\_\_\_ Phone: \_\_\_\_\_

Form of business: ☐ Individual ☐ Corporation ☐ Partnership ☐ Nonprofit corporation ☐ Trust ☐ Other \_\_\_\_\_**Type of Organization:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Art/Cultural organization                | <input type="checkbox"/> Charitable organization            | <input type="checkbox"/> Membership organization (charity)          |
| <input type="checkbox"/> Booster club                             | <input type="checkbox"/> Foundation (social service)        | <input type="checkbox"/> Parent/Teacher association or organization |
| <input type="checkbox"/> Car club (please answer questions 35–38) | <input type="checkbox"/> Foundation (other)                 | <input type="checkbox"/> Professional/Trade association             |
| <input type="checkbox"/> Chamber of commerce                      | <input type="checkbox"/> Membership organization (business) | <input type="checkbox"/> Other _____                                |

**Purpose and Mission of the Organization:**

1. Have there been any losses, claims, or known circumstances that could result in a claim in the past five years?
- ☐
- Yes
- ☐
- No

If "Yes," please provide the following information; additional claims or information may be submitted on a separate sheet

Coverage Type	Date of Loss	Description of loss	Paid	Reserved	Status
<input type="checkbox"/> Property <input type="checkbox"/> Liability			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Property <input type="checkbox"/> Liability			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
<input type="checkbox"/> Property <input type="checkbox"/> Liability			\$	\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed

2. Is the applicant operating as a nonprofit?
- ☐
- Yes
- ☐
- No

3. What year did the business start? \_\_\_\_\_

4. Does the organization have a premises they occupy, whether owned or leased?
- ☐
- Yes
- ☐
- No

5. What is the total square footage occupied by the organization? \_\_\_\_\_ sq. ft.

6. How many active members? \_\_\_\_\_

7. What are the total annual revenues, including funds raised and donations? \$ \_\_\_\_\_

<b>Building Construction:</b>					
<input type="checkbox"/> Frame	<input type="checkbox"/> Joisted masonry	<input type="checkbox"/> Noncombustible			
<input type="checkbox"/> Masonry noncombustible	<input type="checkbox"/> Modified fire resistive	<input type="checkbox"/> Fire resistive			
FUS Grade _____	Cause of Loss <input type="checkbox"/> Basic (Named Perils) <input type="checkbox"/> Special (Broad)	Deductible <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	Number of Stories _____	Type of Burglar Alarm <input type="checkbox"/> Local <input type="checkbox"/> Central Station <input type="checkbox"/> None	
What year was the building constructed? _____			Is there a basement? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What type of plumbing is in the building? <input type="checkbox"/> PVC <input type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input type="checkbox"/> Lead <input type="checkbox"/> Other: _____					
What type of roof is on the building? <input type="checkbox"/> Flat <input type="checkbox"/> Wood shake <input type="checkbox"/> Shingle <input type="checkbox"/> Metal <input type="checkbox"/> Tile <input type="checkbox"/> Slate <input type="checkbox"/> Other: _____					
What is the age of the roof? _____ years					
Is the building fully protected by an operational sprinkler system covering 100% of the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No					
What is the square footage of the entire structure? _____ sq. ft.					
<b>Building Limit:</b>		\$ _____	<b>Coinsurance</b> (80% minimum) _____ %		<input type="checkbox"/> ACV <input type="checkbox"/> RC
<b>Business Personal Property Limit:</b>		\$ _____	<b>Coinsurance</b> (80% minimum) _____ %		<input type="checkbox"/> ACV <input type="checkbox"/> RC
<b>Business Income Limit:</b>		\$ _____	<b>Coinsurance</b> _____ or _____		<b>Monthly Limit of Indemnity</b>
<input type="checkbox"/> With extra expense <input type="checkbox"/> Without extra expense		<input type="checkbox"/> 50% <input type="checkbox"/> 60% <input type="checkbox"/> 70%		<input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6	
		<input type="checkbox"/> 80% <input type="checkbox"/> 90% <input type="checkbox"/> 100%			

<input type="checkbox"/> Equipment breakdown	<input type="checkbox"/> Earthquake	<input type="checkbox"/> Electronic data	<input type="checkbox"/> Flood
<input type="checkbox"/> Employee dishonesty	Limit \$ _____	Number of employees _____	
<input type="checkbox"/> Money and securities	Inside limit \$ _____	Outside limit \$ _____	
Is an annual audit performed by a CPA or public accountant?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are bank accounts reconciled by someone not authorized to deposit or withdraw?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are countersignatures of checks required?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

8. Occurrence/Aggregate limit:	<input type="checkbox"/> \$1 million/\$1 million	<input type="checkbox"/> \$1 million/\$2 million	<input type="checkbox"/> \$2 million/\$2 million	<input type="checkbox"/> \$2 million/\$5 million
	<input type="checkbox"/> \$3 million/\$3 million	<input type="checkbox"/> \$4 million/\$4 million	<input type="checkbox"/> \$5 million/\$5 million	
9. Add abuse or molestation liability? <i>If "Yes," please answer questions 28–30</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
10. Add hired and non-owned and hired automobile liability? <i>If "Yes," please answer questions 31–34</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
11. Does the organization lease any buildings or premises to others?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If "Yes," what is the square footage leased to others? _____ square feet				
12. Does the organization operate a concession stand?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If "Yes," what are the annual gross sales? \$_____				
13. Does the organization operate a hall that is rented to others?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If "Yes," what is the square footage rented to others? _____ square feet				
14. Does the organization offer instructional classes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If "Yes," how many students are enrolled in the school? _____				
15. Are any products sold?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If "Yes," what are the annual gross sales? \$_____				
16. Add vacant land coverage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If "Yes," how many acres? _____				
17. Is there a warehouse on the premises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If "Yes," what is the square footage? _____ square feet				

**Additional Interests** (AI = Additional insured, LP = Loss payee, M = Mortgagee, W = Waiver of Transfer of Rights of Recovery Against Others to Us)

Name	Relationship/Interest	Address	City, State, Zip	AI	LP	M	W
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. Add blanket additional insured? ☐ Yes ☐ No

## II. ELIGIBILITY CRITERIA

19. Are there past, pending or planned foreclosures and/or bankruptcies or judgments for unpaid taxes against the named insured or any officer, partner, member or owner, individually within the past five years? ☐ Yes ☐ No
20. Has insurance coverage been cancelled or non-renewed in the past three years? ☐ Yes ☐ No
21. Does any building built prior to 1978 have aluminum or knob-and-tube wiring? ☐ Yes ☐ No
22. For any building built prior to 1978, is 100% of the wiring on functioning and operational circuit breakers? ☐ Yes ☐ No
23. Do all public areas, occupancies and/or habitational units have functioning and operational smoke and/or heat detectors? ☐ Yes ☐ No
24. Are there functioning and operational fire extinguishers readily available? ☐ Yes ☐ No
25. Does the organization perform any operations located outside Canada or organize any international travel or international activities? ☐ Yes ☐ No
26. Is the organization involved with any of the following services: Current or future construction or renovation projects, land acquisition, adoption/foster care, legal, medical/dental, financial, publishing, medical journal publication, real estate listings, research and development, or involved in activism, certification, accreditation or standard-setting? ☐ Yes ☐ No
27. Are direct social service programs including but not limited to thrift store operations, counselling and referral services, residential shelters, day/overnight camps, or healthcare provided? ☐ Yes ☐ No

### Abuse or Molestation Liability

28. Are minors ever left alone with only one adult in any program, service, or event who is not a parent or guardian of the minor? ☐ Yes ☐ No
29. Does the organization follow policies or procedures for the proper supervision of employees and volunteers who are in direct contact with minors and other individuals in all on-site or off-site programs, services, events or other activities of applicant? ☐ Yes ☐ No
30. Does the organization have a process for employees and volunteer workers that includes questions about whether the individual has ever been convicted of any crime and involved in any lawsuit, claim or criminal charge involving sexual abuse, sexual molestation or sexual misconduct? ☐ Yes ☐ No

### Hired and Non-owned Automobile

31. Is there a commercial automobile insurance policy in force? ☐ Yes ☐ No
32. Are there any owned or leased (long-term) vehicles? ☐ Yes ☐ No
33. Are employees or volunteers required to use their personal automobile to conduct the applicant's business on a regular basis? ☐ Yes ☐ No
34. Are vehicles used to transport people or deliver goods or products on a regular basis? ☐ Yes ☐ No

### Special Events

35. Does the organization host, sponsor or organize any special events (additional premium may apply)? ☐ Yes ☐ No

If "Yes,"

- a. What is the number of event days with up to 250 attendees? \_\_\_\_\_
- b. What is the number of event days with 251–2,500 attendees?  
(Please note we will exclude events with over 2,500 attendees) \_\_\_\_\_
- c. What is the number of event days where the organization serves or permits alcohol in exchange for a charge or donation? \_\_\_\_\_
- d. Is the organization in the business to manufacture, sell or distribute alcoholic beverages? ☐ Yes ☐ No
- e. Provide a brief description of events:

*\*Events with over 2,500 attendees must be scheduled*

**Applicable to car clubs only**

36. Are cars stored, repaired or garaged in any property insured on this policy? ☐ Yes ☐ No
37. Do vehicles remain stationary throughout each event, with the engines off? ☐ Yes ☐ No
38. Does the organization provide any of the following automobile services: part sales, automobile sales, repair, modification, garage, or storage? ☐ Yes ☐ No
39. Does the organization organize or sponsor any events that feature any of the following: drag or timed racing, burnouts, or flame throwing? ☐ Yes ☐ No

**III. DIRECTORS AND OFFICERS**

40. Do you provide services for persons under the age of 18? ☐ Yes ☐ No
41. Is any person proposed for this insurance aware of any fact, circumstance or situation that may result in a claim against the organization or any of its directors, trustees, officers, employees or volunteers? ☐ Yes ☐ No
42. Total number of employees: Full time \_\_\_\_\_ Part time \_\_\_\_\_ Volunteers \_\_\_\_\_ Seasonal \_\_\_\_\_
43. Number of chapters: \_\_\_\_\_
44. If there are chapters, is coverage requested for them under this policy? ☐ Yes ☐ No
45. Does the applicant have any subsidiaries requiring coverage? ☐ Yes ☐ No  
*If "Yes," please complete the Nonprofit Subsidiary Addendum (NPSADD)*
46. Name and title of individual designated to receive all notices on behalf of the insured:

Title: \_\_\_\_\_ Phone number: \_\_\_\_\_

47. Does the organization currently carry general liability insurance? ☐ Yes ☐ No
48. Please provide the following financial information for the last three years. (If organization is in existence fewer than three years, please provide Budgeted Revenue/Expense statement for next three years.)

Year	Total Revenues	Net Income (Loss)	Current Fund Balance*
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**\* Fund balance = Total Assets - Total Liabilities**

49. Within the last five years, has any inquiry, complaint, notice of hearing, claim or suit been made against any entity proposed for insurance, or any person proposed for insurance in the capacity of director, officer, trustee, employee or volunteer of any entity proposed for insurance?  
*If "Yes," please forward a completed USLI supplemental claims application.* ☐ Yes ☐ No
50. Is this a parent organization at either the national or provincial level? ☐ Yes ☐ No
51. Is the organization a registered charity or Nonprofit Organization as described under subsection 149 (1) of the Income Tax Act in Canada? ☐ Yes ☐ No
52. Is the organization involved in product research, development, testing and/or certification? ☐ Yes ☐ No
53. Is the organization involved in any accreditation or standard setting activities? ☐ Yes ☐ No
54. Is the organization involved in disciplinary actions as a result of peer review activities? ☐ Yes ☐ No
55. Is the organization involved in any labor/union negotiations or collective bargaining activities? ☐ Yes ☐ No
56. Has the organization closed, downsized, laid off, reduced staff, sold, merged with or acquired any company in the last 12 months or anticipate doing so in the next 12 months? ☐ Yes ☐ No
57. Has any policy for directors and officers or employment practices liability ever been cancelled or non-renewed? ☐ Yes ☐ No
58. Has the applicant or any person proposed for coverage (whether or not in the service of applicant) been the subject of or been involved directly or indirectly in any civil, criminal, regulatory, legislative or administrative proceeding(s)? ☐ Yes ☐ No
59. Is the organization involved in administration or sponsorship of any insurance programs? ☐ Yes ☐ No

**IV. FIDUCIARY LIABILITY (AVAILABLE FOR 100 EMPLOYEES OR FEWER)**

60. Does each Pension Plan use an outside investment manager?  
*If "No," fiduciary will not be offered.* ☐ Yes ☐ No
61. Does each plan subject to Canadian pension law comply with all applicable requirements including: eligibility, participation, vesting, fiduciary responsibility and funding standards?  
*If "No," please attach details.* ☐ Yes ☐ No
62. In the past two (2) years has there been or is there now under consideration any material changes to a plan or termination/consolidation of a plan?  
*If "Yes," please attach details.* ☐ Yes ☐ No

63. Has there been or is there now pending any claims(s) against any proposed insured arising out of any plan?

*If "Yes," please attach details.*

☐ Yes ☐ No

64. Does any proposed insured have knowledge or information of any act, error or omission which might give rise to a claim under the proposed Fiduciary Liability coverage?

*If "Yes," please attach details.*

☐ Yes ☐ No

## FULL DISCLOSURE

I, the Applicant, and the Insured if the Insurer has requested information from it, have reviewed all parts of and attachments to this application and declare that all of the information is true and correct even if the information has been entered or suggested by the representative of the Insurer or by the insurance broker. I understand that acceptance of this application for insurance is based on the truth and completeness of this information, and that if I falsely describe the property to the prejudice of the Insurer, or misrepresent or fraudulently omit to communicate any circumstance that is material to be made known to the Insurer in order to enable it to judge of the risk to be undertaken, the contract may be void in whole or as to any property in relation to which the misrepresentation or omission is material.

Any fraud or willfully false statement in a statutory declaration in relation to any of the particulars required by applicable conditions, statutory or otherwise, to be specified in relation to a claim, vitiates the claim of the person making the declaration.

## PERSONAL INFORMATION CONSENT

I am providing personal information of individuals in this form to apply for insurance. The personal information collected will be used for the purpose of this application or any renewal or change in coverage. I consent and authorize my broker, agent or insurer to the following:

i) To collect, use and disclose personal information on this form to, from and between insurers and other appropriate parties, subject to my broker's, agent's and the insurer's policy regarding personal information. Such personal information will include policy history, loss history and rating information.

ii) That these collections, uses and disclosures are for the purposes necessary to communicate with me and the listed applicants, assess, manage and underwrite risk, determine a premium, determine eligibility and conditions for a premium payment plan, investigate and settle claims, analyze business results, detect and prevent fraud, as permitted by law.

I declare that all individuals whose personal information is contained in this form have authorized me to consent to i) and ii) above on their behalf.

I may obtain a copy of or ask questions about my broker's, agent's or insurer's personal information policies by contacting their Chief Compliance Officer.

Applicant's Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
(Principal, Partner or Officer)

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

If your province/territory requires a countersignature from your authorized retail agent or broker, please provide below.

Agency name: \_\_\_\_\_ Agent's signature: \_\_\_\_\_  
(Required in Prince Edward Island and Saskatchewan)