



CARRIER:

United States Liability Insurance Company

Nonprofit Social Services Application

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

GENERAL INFORMATION

Applicant's name (include DBA name): _____

Location address: _____

City: _____ Province/Territory: _____ Postal code: _____

Mailing address: Same as location _____

City: _____ Province/Territory: _____ Postal code: _____

Web address: _____ Year business started: _____ Number of years at current location: _____

Inspection contact name: _____ E-mail address: _____ Phone: _____

Is the applicant operating as a nonprofit? Yes No

Check all programs that apply:

- Animal services
- Camps/Overnight trips
- Caregivers/Companions
- Counselling/Referral
- Day cares (adult or child)
- Financial/Legal assistance
- Food/Meal programs
- Hospice
- Medical services
- Mentally/Physically disabled programs
- Pregnancy services
- Residential facilities/services
- Senior citizen programs
- Sports programs/Outdoor activities
- Thrift stores/Distribution of goods
- Youth programs

Description of Operations (including any activities, programs or services provided):

**Note: A supplemental application may be required based on the operations of the applicant.*

1. What is the total square footage occupied by the organization? _____ square feet
2. What are the total annual revenues, including grants, funds raised and donations? \$_____
3. For animal shelters and rescue groups, maximum number of animals in the insured's care: _____
4. For residential facilities, maximum number of beds per facility: _____
5. For workshops and vocational programs, number of students/participants: _____
6. For in-home caregiver/companion services, number of visits conducted annually: _____
7. For space leased to others, type of occupancy: _____ Square footage of leased space: _____
8. 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
9. Has insurance coverage been cancelled or non-renewed in the past three years? Yes No
10. For any building built prior to 1978, is 100 percent of the wiring on functioning and operational circuit breakers? Yes No
11. Does any building built prior to 1978 have aluminum or knob-and-tube wiring? Yes No
12. Do all public areas, occupancies and/or habitational units have functioning and operational smoke and/or heat detectors? Yes No
13. Is any construction planned or currently underway? Yes No

Loss Information

14. 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

Liability Eligibility Coverage

15. Occurrence limit: _____ Aggregate limit: _____
16. Does the organization organize or oversee any international travel/activities? If "Yes," please answer 16a and 16b. Yes No
- a. List the country(ies) visited: _____
- b. Do minors travel abroad? Yes No
17. Are there at least two means of egress (exits) for every floor with public access? Yes No
18. Have there been any actual or alleged molestation or abuse incidents or are there any currently under investigation? Yes No
19. Does the organization accept employees or volunteers who have been accused of abuse or molestation? Yes No
20. Does the organization accept employees or volunteers who have a criminal record? Yes No

Staffing	Full-time Employee	Part-time Employee	Full-time/Part-time Volunteer
Counsellor			
Nurse/Nutritionist/Dietician			
Psychologist			
Social worker			
Teacher			
Caregiver			
Mentor			
Administrative/Clerical/Other			

If other, please describe occupations: _____

Food, Clothing, and Other Item Sales or Distribution Coverage

21. Does the organization sell or distribute food or other items? If "Yes," please answer questions 22–26. Yes No
22. Are any products repackaged, re-labelled, or modified prior to sale/distribution (other than meal services)? Yes No
23. Are any products sold or distributed under the organization's name or label? Yes No
24. Does the organization provide any warranties of quality or safety on any merchandise? Yes No
25. Are more than 50 percent of sales from automobiles, bunk beds, car seats, motorcycles or weapons? Yes No
26. Are there any junk yard or recycling center operations? Yes No

Hired and Non-Owned Auto Coverage

27. Is hired/non-owned auto coverage desired? If "Yes," please answer questions 28–38. Yes No
28. How many employees or volunteers are drivers? _____
29. What is the average driving frequency per week? _____
30. Are all drivers required to maintain personal automobile liability limits of \$2,000,000? Yes No
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. Is client transportation provided? Yes No
34. Are hired or non-owned vehicles utilized where the capacity exceeds 15 passengers? Yes No
35. Are hired or non-owned vehicles used for emergency medical transportation or emergency medical services? Yes No
36. Are hired or non-owned vehicles used to transport non-ambulatory clients? Yes No
37. Is evidence of a Personal Automobile Insurance policy required from employees and volunteers? Yes No
38. Are hired or non-owned vehicles used with a gross vehicle weight of more than 10,000 pounds on a regular basis? Yes No

Additional Interests (AI = Additional insured, LP = Loss payee, M = Mortgagee, W = Waiver of Transfer of Rights of Recovery Against Others to Us, PNC= Primary and Non-contributory Wording)

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

39. Add blanket additional insured? Yes No

Property Coverage (Complete this section for each location to be insured):

Building Construction: <input type="checkbox"/> Frame <input type="checkbox"/> Masonry noncombustible <input type="checkbox"/> Joisted masonry <input type="checkbox"/> Modified fire resistive <input type="checkbox"/> Noncombustible <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"/> Metal <input type="checkbox"/> Wood shake <input type="checkbox"/> Tile <input type="checkbox"/> Shingle <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 percent of the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No				
What is the square footage of the entire structure? _____ sq. ft.				
Building Limit: \$ _____		Coinsurance (80% minimum) _____ % <input type="checkbox"/> ACV <input type="checkbox"/> RC		
Business Personal Property Limit: \$ _____		Coinsurance (80% minimum) _____ % <input type="checkbox"/> ACV <input type="checkbox"/> RC		
Business Income Limit: \$ _____		Coinsurance _____ <u>or</u> Monthly Limit of Indemnity		
<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"/> 80% <input type="checkbox"/> 90% <input type="checkbox"/> 100% <input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6		

Additional Property Coverages Requested (check all that apply)

<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	

40. Are there any wood-burning stoves? Yes No
41. Are there functioning and operational fire extinguishers readily available? Yes No
42. Are there grills, deep fat frying equipment or woks on the premises? Yes No
- If "Yes," please answer 42a-c
- a. Are commercial cooking areas protected by an approved automatic extinguishing system? Yes No
- b. Does the automatic fire extinguishing system have an in-force cleaning contract? Yes No
- c. If "Yes," what type of extinguishing system is functioning and operational? None Wet Dry
43. Is the building currently damaged by fire or otherwise? Yes No

Nonprofit Management Liability Coverage

44. Occurrence limit: _____ Aggregate limit: _____
45. Is the organization involved in product research, development or testing? Yes No
46. Is the organization involved in certification, accreditation, or standard-setting? Yes No
47. Is the organization involved in disciplinary actions as a result of peer review activities? Yes No
48. Is the organization involved in labor/union negotiations or collective bargaining? Yes No
49. Is the organization involved in administration or sponsorship of any insurance programs? Yes No
50. Does the organization have any chapters of subsidiaries requiring coverage? Yes No

If "Yes," please complete the Nonprofit Subsidiary Addendum (NPSADD).

51. 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
52. 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
53. 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? Yes No
54. Is any person(s) proposed for this insurance aware of any fact, circumstance or situation which may result in a claim against any entity proposed for insurance or any of its directors, officers, trustees, employees or volunteers? Yes No

55. Please provide the following financial information for the last three years. (If organization is in existence less 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

Fiduciary Liability (available for 100 employees or less):

56. Does each Pension Plan use an outside investment manager? Yes No
57. Does each plan subject to Canadian pension law comply with all applicable requirements including: eligibility, participation, vesting, fiduciary responsibility and funding standards? Yes No
58. In the past two years, has there been or is there now under consideration any material changes to a Plan or termination/consolidation of a Plan? Yes No
59. Has there been or is there now pending any claims(s) against any proposed insured arising out of any Plan? Yes No
60. 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? 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)